



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY FILED EFFECTIVE**

(Instructions on back of application)

2013 JUN -7 AM 9:02

1. The name of the limited liability company is:  
BLIND ME, LLC

2. The complete street and mailing addresses of the initial designated office:

SECRETARY OF STATE  
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

60 N DORIAN DR, ONTARIO, OR 97914

**(Street Address)**

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

MELANEE SUTTON

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

(Name)

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(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name \_\_\_\_\_

### Address

TRACI L. WAITE

60 N DOBRIAN DR. ONTARIO, OR 97914

5. Mailing address for future correspondence (annual report notices):

39 PROFESSIONAL PLAZA, REXBURG, ID 83440

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: TRACI L WAITE

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDaho SECRETARY OF STATE  
06/07/2013 05:00  
CK: 1259 CT: 284849 BH: 1377124  
1 P 100.00 = 100.00 ORGAN LLC # 2