



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 FEB 18 AM 8: 50

(Instructions on back of application)

1. The name of the limited liability	company is:	SECAL BY OF STATE STATE OF IDAHO	
•	BAF2010, LLC		
2. The complete street and mailing 5354 N Hickory Tree Way, Boise, ID		designated/principal office:	
(Street Address)			
(Mailing Address, if different than street addre	ess)		
3. The name and complete street a	address of the registered	d agent:	
Steven D Simpson		5354 N Hickory Tree Way, Boise, ID 83713-2495	
(Name)	(Street Address)		
The name and address of at leacompany:	st one member or mana	ager of the limited liability	
<u>Name</u>		Address	
Steven D Simpson	5354 N Hickory Tree	Way, Boise, ID 83713-2495	
		<del></del>	
5. Mailing address for future corres	spondence (annual repo	ort notices):	
5354 N Hickory Tree Way, Boise, ID	83713-2495S		
6. Future effective date of filing (or	otional):		
Signature of a manager, member	r or authorized		
person.		Secretary of State use only	
and A		Secretary of State use only	
Signature Signature	- goin		
Typed Name: Steven D Simpson	<u></u>		
0.		IDAHO SECRETARY OF STATE P2/18/2011 05:00	
Signature		CK: 9318 CT: 255646 BH: 1268671	
Typed Name:		1 6 100.00 - 100.00 AVOUN FFC # E	

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