

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY 12 APR 20 AM 11: 32	2
(Instructions on back of application) SECRETARY OF STATE OF IDAHO STATE OF IDAHO	
1. The name of the limited liability company is:	
MOTLEY LLC	
2. The complete street and mailing addresses of the initial designated office:	
(Street Address)	
(Mailing Address, if different than street address)	<u></u>
3. The name and complete street address of the registered agent:	
JOHN D. MOTLEY [Name] [Name] [Street Address] [Street Address]	Uffe
 The name and address of at least one member or manager of the limited liability company: 	
Name Address	
JOHN D. MOTIET 1817 N TESSA AVE MERIDIAN, 10 83	646
KORI A. MOTLEY 1	_ _
	
5. Mailing address for future correspondence (annual report notices):	
3313 W CHERRY W #114 MERIDIAN, 10 83646	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Secretary of State use only	
Typed Name: John D. Motter	
Typed Name: John D. Morton	
Signature Signature IDAHO SECRETARY OF	STATE
Typed Name: CK: 6017 CT: 269523 BI 1 8 100.00 = 100.00 OR	H: 1320709 GAN LLC # 2

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