



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 OCT 28 PM 4:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Millerbe LLC

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

573 E Santolina St. Kuna, Id. 83634
(Street Address)

(Mailing Address, if different than street address)

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

Bronson Miller
(Name)

573 E Santolina St. Kuna ID
(Street Address) 83634

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

Bronson Miller
Name

573 E Santolina St. Kuna ID
Address 83634

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

573 E Santolina St Kuna ID 83634

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Bronson Miller

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/28/2011 05:00
CK: CASH CT: 263736 BH: 1296154
1 @ 100.00 = 100.00 ORGAN LLC # 2

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