

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR 14 AM 8: 19

(Instructions on back of application)

SECRET RRY OF STATE
STATE OF IDAHO

| The name of the limited liability                                 | y company is:   |
|---|---|
| DE  | EMAC ENTERPRISES LLC  |
| The complete street and mailin 2032 Division Ave Boise, Idaho 837 | g addresses of the initial designated/principal office:     |
| (Street Address)  |   |
| (Mailing Address, if different than street address                | ress)   |
| The name and complete street                                      | address of the registered agent:                            |
| Debra Marie Mcsparrin   | 2032 Division Ave Boise, Idaho 83706                        |
| (Name)  | (Street Address)  |
| company:  | ast one member or manager of the limited liability  Address |
| Name Debra Marie Mcsparrin  | 2032 Division Ave Boise, Idaho 83706                        |
|   |   |
|   |   |
| Mailing address for future corre                                  | espondence (annual report notices):                         |
| 2050 110.5162 7   | the boise, made of the                                      |
| Future effective date of filing (c                                | optional):  |
|   |   |
| gnature of a manager, member                                      | er or authorized  |
| erson.  | Secretary of State use only                                 |
|   |   |
| gnature Make a Mis  | Jeggered .  |
| gnature Alame: Alama M  | Esparsin  |
|   | Jasun IDAHO SECRETARY OF                                    |
| ped Name: Lbbra M   | IDAHO SECRETARY OF Ø3/14/2011 CK: 584 CT: 256582 B          |

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