



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN -6 PM 4:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Poas Management, LLC

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

4377 W. Red Grass Ct. Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Ronald Galloway

(Name)

4377 W. Red Grass Ct. Meridian, ID 83646

(Street Address)

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

Name

Address

Ronald Galloway

4377 W. Red Grass Ct. Meridian, ID 83646

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

4377 W. Red Grass Ct. Meridian, ID 83646

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Ronald Galloway

Signature

Typed Name: _____

Secretary of State use only

W132805

IDAHO SECRETARY OF STATE
01/06/2014 05:00
CK: 1662454 CT: 172099 BH: 1404682
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