

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2014 DEC 31 PM 3: 51

| 10 70  | (Instructions on baci  | k of application) | SECRETARY OF STATE<br>STATE OF IDAHO  |
|--------|--|-------------------|---|
| 1. T   | he name of the limited liability cor   | mpany is:         | STATE OF IDANU  |
|        | McDowells 10443 LLC  | •                 |   |
|        | he complete street and mailing ad<br>10443 Fairview Ave. Boise, Idaho 83704<br>Street Address) |                   | itial designated office:  |
| (      | Mailing Address, if different than street address)   |                   | <del></del>   |
| 3. TI  | The name and complete street address of the registered agent:                                  |                   |   |
| i      | Bert McDowell  | 10443 Fairview A  | ve.Boise ID 83704   |
| (      | (Name)   | (Street Address)  |   |
|        | he name and address of at least on the many:   | one member or m   | ,   |
| ,      | <u>Name</u><br>Ann McDowell  | 10443 Enindeu A   | Address<br>ve. Boise, Idaho 83704   |
| -      |  | <del></del>       |   |
| _      | Bert McDowell  |                   | ***   |
|        |  |                   |   |
| _      |  |                   |   |
| _      |  | <u> </u>          |   |
| _      |  | <del></del>       |   |
|        |  |                   |   |
|        | ailing address for future corresponded in 10443 Fairview Ave. Boise, Idaho 83704               | •                 | eport notices):   |
| 6. Fi  | uture effective date of filing (option   | nal):             |   |
| Signa  | ture of a manager, member or<br>n.   | authorized        |   |
| •      | DIMA.  |                   | Secretary of State use only   |
| Signat |  |                   | IDAHO SECRETARY OF STATE  |
| Typed  | Name: Bert McDowell  |                   | 12/31/2014 05:00<br>CK:9388 CT:140331 BH:145503<br>10 100.00 = 100.00 ORGAN LLC |
| Signat | ture   |                   |   |
|        | l Name:  |                   | W145980   |