

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 OCT 21 AM 9:02

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

(IIISBUCIOIIS OI	T back of application)	STATE OF IDA	
1. The name of the limited liabil	ity company is:		
	Suite SixT, LLC		
2. The complete street and maili 121 North 9th Street, Suite 60, Bo	ng addresses of the initial designate ise, Idaho 83702	d/principal office:	
(Street Address)			
(Mailing Address, if different than street ac	ldress)		
. The name and complete stree	et address of the registered agent:		
Michelle C. Michaud	121 North 9th Street, Suite 60, Bo	121 North 9th Street, Suite 60, Boise, Idaho 83702	
(Name)	(Street Address)	(Street Address)	
<ul> <li>The name and address of at I company;</li> <li>Name</li> </ul>	east one member or manager of the  Address	limited liability	
Michelle C. Michaud	121 North 9th Street, Suite 60, Bo	121 North 9th Street, Suite 60, Boise, Idaho 83702	
Double Down LLC	3673 N. Manchester Street, Boise, Idaho 83704		
		<del></del>	
5. Mailing address for future con	respondence (annual report notices)	:	
121 North 9th Street, Suite 60, Bo	ise, Idaho 83702		
5. Future effective date of filing	(optional):		
ignature of a manager, memb	per or authorized		
erson.	Secreta	ry of State use only	
gnature	<i>ン</i> ゲ/		
yped Name: Michelle C. Michaud			
0000			
Signature Signature	<b>&gt;</b>	IDANO SECRETARY OF STATE	
yped Name: Rochelle DeLong		/21/2011 05:0	

10/21/2011 05:00 CK: 1170 CT: 256228 BH: 1295178 1 0 100.00 = 100.00 ORGAN LLC # 2

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