

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 14 PM 3: 54

SECRETARY OF STATE
STATE OF IDAHO

<ol> <li>The name of the limited liability of</li> </ol>	company is: STATE OF IDAHO
	Toyzz LLC
2. The complete street and mailing a	addresses of the initial designated/principal office:
7000	W. State St. Boise, ID 83714
(Street Address)	
(Mailing Address, If different than street address	5)
. The name and complete street ac	ddress of the registered agent:
Jim Sparling	7180 Ambleside Dr. Boise, ID 83709
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
Name	Address
Jim Sparling	7180 Ambleside Dr. Boise, ID 83709
	***
i. Mailing address for future corresp	condense (ennuel report matical).
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7 180 P	Ambleside Dr. Boise, ID 83709
Euturo officializa data of filing (anti	· 
i. Future effective date of filing (opti	ional):
ignature of organizer(s). (An organizer i	is a member, or is
ting in behalf of a member or members).	Secretary of State use only
ignature W. S.	OWA'S
/ped Name: James W Sparlir	na   §
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vped Name:	夏罗

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