

Signature:

Rev. 07/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 21 AM 8: 35

Complete and Subm	in the application in <u>outlicate</u> .			יכ יט וויי	J	
The name of the limited liability company is:			SECRETARY OF STATE STATE OF IDAHO			
(Remember to include the wor	rds "Limited Liability Company," "Limited C	Companyj, "or the abbrev	/iatrons L.L.C., LLC), or LC)		
The complete street and ma	iling addresses of the princip	pal office is:				
5833 W. Hidden Springs D	Drive	Hidde	n Springs	ID 83	714	
(Street Address)		(City)		ate) (Zipcode)	
(Mailing Address, if different)		(City)	(St	ate) (Zipcode)	
The name and complete stre	eet address of the registered	d agent:				
William Blake Bybee	5833 W. Hidden	Springs Drive	Hidden Sprir	ngs ID	83714	
(Name)	(Address)		(City)	(State)	(Zipcode	
	1 -4 CH P	26 4 12 1 222				
The name and address of at	least one governor of the III	mited liability cor	npany:			
William Blake Bybee	5833 W. Hidden Spr	rings Drive	Hidden Sprin	ngs ID	83714	
(Name)	(Address)		(City)	(State)	(Zipcode	
(Name)	(Adaress)		(City)	(State)	(Zipcode	
	(/104/000)		(ORy)	(Otato)	Lipopo	
(Name)	(Address)		(City)	(State)	(Zipcode	
(Name)	(Address)		(City)	(State)	(Zipcode	
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Mailing address for future co	orrespondence (annual repo	rt notices):				
5833 W. Hidden Sprin			den Springs	s ID	83714	
(Address)	95 51170	(City)	<u>_</u>	(State)	(Zipcode)	
nature of organizer(s).						
,	Secreta	Secretary of State use only				
nted Name: William Blake I	Bybee	T .			-	
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inted Name:						
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anature:			W 1541			