

CERTIFICATE OF ORGANIZATIONILED EFFECTIVE LIMITED LIABILITY COMPANY

10 DEC -9 PM12: 38

	(Instructions on back of applicati		STATE OF IDA) i A (- .H0
1. The name	e of the limited liability co	mpany is:	O iris a	, in a control of the
Cho	eerReq LLC			
2. The comp	olete street and mailing ad	dresses of the initial	designated/principal office:	
6285	S. Kelton	Place		
(Street Addr	ess)	716		
	dress, if different than street address)	7.10		
3. The name	e and complete street add	lress of the registere	d agent:	
Candel	aria N. Wold	6285 5.1	celton Place Brisc Do	83-1
(Name)		(Street Address)		
4. The name company	e and address of at least (one member or mana	ager of the limited liability	
0	Name		Address '	
Cande	laria N.Wold	sax	me as above	
Danie	1 A. Wold	sa	m as above	
	· · · · ·			
				
		-		
5. Mailing a	ddress for future correspo	ndence (annual repo	rt notices):	
	same as ab	~		
6. Future eff	fective date of filing (optio	nal):		
Signature of person.	a manager, member o	r authorized		
•	0 10 11		Secretary of State use only	
Signature	Cardelaria N.			
Typed Name:	Candelaria N.	Wold		
0:	Dollaral		IDAHO SECRETARY OF STATE 12/09/2010 05:00	3
Signature			CK: CASH CT: 253412 BH: 125828 1 0 100.00 = 100.00 ORGAN LLC	12
ypeu ivaiile.	DANIEL A. WOL	ં	SASSA SIMIN PPA M	

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