

## CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company	y is: STATE OF IDAHO
	N	XT, LLC
2.	The complete street and mailing address	ses of the initial designated/principal office:
		5 E. State
;	(Street Address)	e, ID 83616
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	James R. McCauley	1345 E. State St. Eagle, ID 83616
	(Name) (Str	eet Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	James R. McCauley	1345 E. State St. Eagle, ID 83616
	:	
	<u> </u>	
5.	Mailing address for future correspondence (annual report notices):	
		State St. Eagle, ID 83616
6.	Future effective date of filing (optional): _	
Siar	nature of organizer(s). (An organizer is a mem	ber, or is
	ng in behalf of a member or members).	
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-	ed Name: James R. McCauley	TOOMS SECRETARY OF STATE
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yp	ed Name:	— ISE 50 81754