

Typed Name:

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

LIMITED LIABILITY COMPANY  2014 APR 21 AM 10: 22		
(Instructions on bac	(Instructions on back of application)	
1. The name of the limited liability company is:  SECRETARY OF STATE  STATE OF IDAHO  The complete street and resiling addresses of the initial decimated affine		
IRON Fist Decur	city dystems	LLC" IL VI IUTEIU
2. The complete sheet and mailing at	auresses of the initial de	esignated office:
3615 Frontier Wa	y boise, I	0 83713
SAME AS STREET (Mailing Address, if different than street address)	of the state of th	
The name and complete street add	lress of the registered a	gent:
Kevin ATKINSON (Name)	36/5 FRONT	er Way Boise, ID 83713
The name and address of at least of company:	one member or manage	er of the limited liability
Name Name		Address
Kevin ATKINSON	3615 FRONTIE	r Way Boise ID 83713
E Mailing address for 6 three ac-		
5. Mailing address for future correspo	ndence (annual report i	notices): っかっつ
3613 TKONTIET WAY	DUISE, +11 8	3/15
6. Future effective date of filing (option	nal):	
Signature of a manager, member or person.	authorized	
A - All		Secretary of State use only
Signature Type (Munso	<u> </u>	IDAHO SECRETARY OF STATE
Typed Name: <u>Kevin H+Kin.so</u>	71	04/21/2014 05:00
Signature	•	:3213 CT:295944 BH:1421263 00.00 = 100.00 ORGAN LLC #
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