

Typed Name:

CERTIFICATE OF ORGANIZATION

7009 JAN -5 AM 8:51 LIMITED LIABILITY COMPANY (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: 2. The complete street and mailing addresses of the initial designated/principal office: (Mailing Address, if different than street address) The name and complete street address of the registered agent: 4. The name and address of at least one member or manager of the limited liability company: 5. Mailing address for future correspondence (annual report notices): 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only Signature / Typed Name: Signature (