

## **CERTIFICATE OF ORGANIZATION** (Instructions on back of application) 2009 SEP -4 PM 2: 19 LIMITED LIABILITY COMPANY

| 1. The name of the limited liability com   | npany is: STATE OF STATE                            |
|--|---|
|  | *MUUV LLC   |
| 2. The complete street and mailing add   | dresses of the initial designated/principal office: |
| 1892 Shaw M  | Mountain Road Boise ID 83712                        |
| (Street Address)   |   |
| (Mailing Address, if different than street address)  |   |
| 3. The name and complete street address  | ess of the registered agent:                        |
| Mikayla Latta  | 1892 Shaw Mountain Road                             |
| (Name)   | (Street Address)                                    |
| company:   | ne member or manager of the limited liability       |
| Name   | Address 1892 Shaw Mountain Road                     |
| Mikayla Latta  | 1092 Ottaw Modificant Mode                          |
|  |   |
|  |   |
| Mark Published and Committee of the Comm |   |
|  |   |
|  |   |
|  |   |
| 5. Mailing address for future correspon  | ndence (annual report noti <b>ces</b> ):            |
| •  | Mountain Road Boise ID 83712                        |
|  |   |
| 6. Future effective date of filing (options  | nal):   |
|  |   |
| Signature of organizer(s). (An organizer is a acting in behalf of a member or members).  | member, or is                                       |
|  | Secretary of State use only                         |
| Signature <i>McRayla Z Xa</i>  |   |
| Typed Name: 💋 Mikayla Latta  | 5   |
| Signature  | HAD   |

Typed Name: