



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV -4 PM 1:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mobi Connect LLC

2. The complete street and mailing addresses of the initial designated/principal office:

10400 W Overland Rd Ste 253, Boise, ID 83709

(Street Address)

4806 S. Silverhills Boise 83709

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Charles Kissee

(Name)

4806 S. Silverhills Boise 83709

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Charles Kissee	10400 W Overland Rd #253 Boise, ID 83709
Chris Hunemiller	1230 Losito PL Nampa, ID 83686

5. Mailing address for future correspondence (annual report notices):

10400 W Overland Rd #253 Boise, ID 83709

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Charles Kissee

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/04/2011 05:00
CK: 1180 CT: 263915 BH: 1296997
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