

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 MAR 19 PM 4: 27

(Instructions on back of application)

STATE OF IDAHO

| 1. | The name of the limited liability company is: | | | |
|------------|--|-------------------|---|---|
| | Jennifer Goldsmith 1) C | | 110 | |
| 2. | The complete street and mailing addresses of the initial designated office: | | nitial designated office: | |
| | 4735 Windward Ct. Garden City, ID 83714 (Street Address) (Mailing Address, if different than street address) | | | |
| | | | | |
| 3. | | | | The name and complete street address of the registered agent: |
| | Jennifer Goldsmith | 4735 Windward | 4735 Windward Ct. Garden City, ID 83714 | |
| | (Name) | (Street Address) | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | <u>Name</u> | Address | | |
| | Jennifer Goldsmith | 4735 Windward | 735 Windward Ct. Garden City, ID 83714 | |
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| _ | NACTION OF LINES OF STREET | | | |
| 5 . | Mailing address for future correspondence (annual report notices): | | | |
| | 4735 Windward Ct. Garden City, ID 83714 | | | |
| | | | | |
| 6. | Future effective date of filing (optional): | | | |
| | | | | |
| Sia | nature of a manager, meml | ber or authorized | | |
| _ | son. | | | |
| • | | | Secretary of State use only | |
| Sig | nature # | | | |
| Tyr | ped Name, Jennifer Goldsmith | | | |
| , | 10 | | IDAHO SECRETARY OF STATE 03/20/2012 05-00 | |
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| JIU | nature | | 1 0 100.00 = 100.00 DKGAN IIC # 2 | |

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Typed Name: _____

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