



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
10 NOV 26 AM 8:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Commodore ACA, LLC

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

3969 E. Overland Rd. Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Aletheia Capital Advisors LLC

(Name)

3969 E. Overland Rd. Meridian, ID 83642

(Street Address)

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

**Name**

**Address**

Aletheia Capital Advisors LLC

3969 E. Overland Rd. Meridian, ID 83642

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

3969 E. Overland Rd. Meridian, ID 83642

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Travis B. Hawkes

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/26/2010 05:00  
CK: 11010 CT: 252998 BH: 1240615  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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