

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 JUN 17 PM 2: 09

SELNETARY OF STATE STATE OF IDAHO

1. The name of the limited liability con	npany is:	STATE OF IDAHO
2T4, LLC		
2. The complete street and mailing add	dresses of the initial designated	/principal office:
6403 RANDOLPH DEWE, BOWE 10	83709	
(Street Address)		
(Mailing Address, if different than street address)		<del></del>
3. The name and complete street addr	ress of the registered agent:	and the second s
MICHAEL R. TURNER	6403 RANDELPH DRIVE, BOISE	10 83769
(Name)	(Street Address)	
4. The name and address of at least of company:	ne member or manager of the I	imited liability
Name	Address	
MICHAEL R. TURNER	LYOS RAMOLPH Drive, Boise 11	83709
AMANDA K. TURNER	6403 RANGERAL DRIVE, BOISE	D 83709
	• · · · · <u>·</u>	1 J
5. Mailing address for future correspon	•	
6403 RANDOLPH DRWE, Boise 16 6	93769	
6. Future effective date of filing (option	nal):	
Signature of organizer(s). (An organizer is a	a member, or is	
acting in behalf of a member or members).		of State use only
Signature /// 5	Long BarMid	
Typed Name: Michael R Toure		•
Signature 2/2	formstone 725008	IDANO SECRETARY OF STATE 17/2010 05:00
Typed Name: Agence K Tuesed	CK: 4	58732 CT: 172899 BH: 122716

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