

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUN -3 PM 12: 42

(Instructions on back of application)

(mondonoro	m back of applicant	SECRETARY OF STATE STATE OF IDAHO	
1. The name of the limited liab	ility company is:	STATE OF IDAHO	
Johnson Blue L.C.			
The complete street and mai 4196 E Chandler Dr Meridian Ida	•	e initial designated office:	
(Street Address)			
(Mailing Address, if different than street a	address)		
. The name and complete stre	et address of the re	gistered agent:	
David Johnson	4196 E Char	4196 E Chandler Dr Meridian, Id 83646	
(Name)	(Street Address	(Street Address)	
. The name and address of at company: Name	least one member of	or manager of the limited liability Address	
Scott Johnson	4196 E Char	4196 E Chandler Dr Meridian, Idaho 83646	
David Johnson	4196 E	Chandler Dr. Meridian ID 83641	
Mailing address for future co		ral report notices):	
. Future effective date of filing	(optional):		
ignature of a manager, memerson.	ber or authorized		
ignature David C Johnson		Secretary of State use only	
		IDAHO SECRETARY OF STATE 06/03/2015 05:00	
		CK:2897674 CT:172099 BH:1478	
gnature //		16 100.00 = 100.00 ORGAN LLC	
ped Name: Scott Johnson		101157/107	
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