

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

| II MAR -9 | AM 11: 25 | ) |
|-----------|-----------|---|
| STATE     |           |   |

|                 | (mandenons o                                | in back of application)        | SECRETARY DE STA             |
|-----------------|---------------------------------------------|--------------------------------|------------------------------|
| 1. T            | he name of the limited liabil               | lity company is:               | STATE OF IDAHO               |
|                 |                                             | Messenger LLC                  | *                            |
|                 | ne complete street and mail                 | ing addresses of the initial o | designated/principal office: |
| (               | Street Address)                             |                                |                              |
| 7               | Mailing Address, if different than street a | ddress)                        |                              |
| 3. TI           | he name and complete stree                  | et address of the registered   | agent:                       |
|                 | Cassidy McKinley                            | 420 13th Ave S. Namp           | a, ID 83651                  |
| 7               | (Name)                                      | (Street Address)               |                              |
|                 | ompany:<br>Name<br>Shawn McKinley           | 420 13th Ave S Nampe           | Address<br>a, ID 83651       |
|                 | Cassidy McKinley                            | 420 13th Ave S. Namp           | a, ID 83651                  |
|                 | alling address for future con               |                                | notices):                    |
| -               | 120 13th Ave S. Nampa, ID 83651             |                                |                              |
| 6. Fu           | uture effective date of filing (            | (optional):                    |                              |
| Signa<br>Serso: | ture of a manager, memb                     | per or authorized              |                              |
|                 | Chiaman                                     |                                | Secretary of State use only  |
| Signat          |                                             | ly                             |                              |
| Typed           | Name: Cassidy McKinley                      |                                |                              |
| Signet          | ure                                         |                                |                              |
|                 | Name:                                       |                                | Though Condition of Ather    |
| . , p = u       |                                             |                                | IDAHO SECRETARY OF STATE     |

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03/09/2011 05:00 CK: 3401 CT: 256341 BH: 1263466 1 8 38.08 = 38.08 CONVERSION # 2

## Statement of Conversion

## FILED EFFECTIVE

11 MAR -9 AM 11:25

STATE OF IDAHO

1. Converting Entity:

NAME: Messenger LLP

Jurisdiction: Idaho

Type: Limited Liability Partnership

2. Type of Converted Entity:

Name: Messenger LLC Jurisdiction: Idaho

Type: Limited Liability Company

- 3. Effective date of conversion is to be upon filing
  - 4. The converting entity is a domestic filing entity and the plan of conversion was approved with part 4 of the Idaho Entity Transaction Act.
  - 5. The converting entity is a domestic filing entity, and the text of its public organic document is shown in the attached certificate of Limited Liability Partnership

Converting Entity: "LLP"

Shawn McKinh

BY: Cassidy Mckinley Po

Converted to:

"IIC"

BY: Cassidy Mcknely "manager

Assly Muney

IDAHO SECRETARY OF STATE
03/09/2011 05:00
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