

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 OCT 25 PH 3: 51

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability com	npany is:	STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 2244 Swallowtail Lane, Boise, ID 83706			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	<ol><li>The name and complete street address of the registered agent:</li></ol>			
	Michael J. Swope	2244 Swallowtail Lane, Boise, ID 83706		
	(Name)	(Street Address)		
The name and address of at least one me company:     Name			r manager of the limited liability	
	Michael J. Swope	2244 Swallowtail Lane, Boise, ID 83706		
5.	Mailing address for future correspondence (annual report notices):  2244 Swallowtail Lane, Boise, ID 83706			
6.	6. Future effective date of filing (optional):			
	gnature of a manager, member or	authorized	Secretary of State use only	
Sic	nature Mull Sur			
-	ped Name: Michael J. Swope, Incorporate	or .	W118472	
•	natureoed Name:		IDAHO SECRETARY OF STATE  10/25/2012 05:00  CK: 67217 CT: 67242 BH: 1345170  1 P 199.RR = 189.80 ORGAN LLC # 2	
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