

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANYOCT -4 AM 8: 39

(Instructions on back of application)

SECRL -	₽Y	OF	STATE	
STATE	OF	ID/	√HO	

	Sevens L.C.
The complete street and ma 671 E. Riverpark Ln., Suite 120 I	iling addresses of the initial designated/principal office: Boise, Idaho 83706
(Street Address)	
(Mailing Address, if different than street	address)
The name and complete stre	eet address of the registered agent:
Scott R. Haxton	671 E. Riverpark Ln., Suite 120 Boise, Idaho 83706
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	Address
Scott R. Haxton	671 E. Riverpark Ln., Suite 120 Boise, Idaho 83706
Leslieanne Haxton	410 W. Mayfair Ct., Boise, Idaho 83706
Mailing address for future co	orrespondence (annual report notices):
671 E. Riverpark Ln., Suite 120 I	3oise, Idaho 83706
Future effective date of filing	(optional):
nature of a manager, mem	nber or authorized Secretary of State use only
	occurrency of other and only
	1. Wayfor
	( baylor)
ped Name: Scott R. Haxton	IDAHO SECRETARY OF STATE 19/94/2010 95:0 CV: 1555 CT: 182522 DN: 124

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