

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 FEB -6 AM 9: 45

<u> </u>	(instructions on	back of application	' SCONCIMILIO SIMIC	
The nam	e of the limited liabilit	tv company is:	STATE OF IDAHO	
	oraisals LLC	.,		
			in the state of th	
	ne complete street and mailing addresses of the initial designated office:			
(Street Add		83669		
	Meadowriver Dr Star, ID	83669	_	
(Mailing Ad	dress, if different than street add	fress)		
3. The nam	e and complete street	t address of the reg	stered agent:	
Todd My	Todd Myers		11308 W Meadowriver Dr Star, ID 83669	
(Name)		(Street Address)	(Street Address)	
company	/: <u>Name</u>		Manager of the limited liability Address	
Todd My	Todd Myers Kaila Myers		11308 W Meadowriver Dr Star, ID 83669 11308 W Meadowriver Dr Star, ID 83669	
Kaila My				
-207-		<u></u>		
			<u> </u>	
_	iddress for future com	·	l report notices):	
11308 W	/ Meadowriver Dr Star, ID	83069		
6 Euturo o	ffective date of filing (ontional):		
o. Fuluie e	nective date of hilling (optional).		
Cianatura a	f	ar ar authorized		
person.	f a manager, memb	er or authorized		
p 0.0011.			Secretary of State use only	
Signature <u> </u>	Mu			
Typed Name	Todd Myers		IDANO SECRETARY OF STATE	
	1/ (1)		02/06/2015 05:00	
Signature `	Maisla JB NI	IN Oh.	CK:1492 CT:306069 BH:146	

cert_org_lic Rev. 07/2010

9/21/2012

Typed Name: Kaila Myers

W147485

10 100.00 = 100.00 ORGAN LLC #2