

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 MAR 31 PM 1: 09

SECRETARY OF STATE

TE X	(Instructions on back	of application)  STATE OF IDAHO	
1.	The name of the limited liability com	npany is:	
	Elder, LLC		
2.	The complete street and mailing addresses of the initial designated office:		
	1524 South Vista Avenue Suite 12 Boise Idaho 83705		
	(Street Address) C/O BC Business Services Inc 1524 South Vista Avenue Suite 12 Boise Idaho 83705		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	BC Business Services Inc	1524 South Vista Avenue Suite 12 Boise Idaho 83705	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Wayne Barney - Manager	1524 South Vista Avenue Suite 12 Boise Idaho 83705	
5.	Mailing address for future correspond	ndence (annual report notices): uth Vista Avenue Suite 12 Boise Idaho 83705	
6.	6. Future effective date of filing (optional):		
_	gnature of a manager, member or rson.	<del>/</del>	
Sig	gnature	Secretary of State use only	
Тур	ped Name: Wayne Barney - Authorized C	Organizer	
Sig	gnature	IDAHO SECRETARY OF STATE 03/31/2014 05:00	
_	ped Name:	CK: CASH CT: 167814 BH: 1417987 1 @ 100.00 = 100.00 ORGAN LLC #	

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