

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 FEB 16 AM 8: 54

(Instructions on back of application)

SECRETARY OF STATE

	OTATE OF IDALIO
. The name of the limited liability comp	pany is: STATE OF IDAHO
Face	The Business LLC
2. The complete street and mailing addr	resses of the initial designated/principal office:
	Cove Idaho Falls, ID 83401
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
Matthew Rohde	2590 Stafford Cove Idaho Falls, ID 83401
(Name)	(Street Address)
4. The name and address of at least one	e member or manager of the limited liability
company:	The state of the s
<u>Name</u>	<u>Address</u>
Matthew Rohde	2590 Stafford Cove Idaho Falls, ID 83401
·····	
: 	
5. Mailing address for future correspond	•
2590 Stafford	Cove Idaho Falis, ID 83401
	N.
5. Future effective date of filing (optional	ı):
N	
Signature of organizer(s)  (An organizer is a mo cting in behalf of a member or members).	nember, or is
	Secretary of State use only
Signature	
yped Name: Matthew Rohde	— ∮ w90609
	TRAND SECRETARY OF STATE
Signature	Part
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