

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -7 PM 1:23

SECRETARY OF STATE STATE OF IDAHO

	pany is:	
	/APOLIGY LLC	
The complete street and mailing addr	resses of the initial designated/principal off	īce:
1712 S Pa	acific St, Boise ID, 83705	· · · · · · · · · · · · · · · · · · ·
(Street Address)		÷
(Mailing Address, if different than street address)		
The name and complete street addre	ess of the registered agent:	
Jim Longden	1710 S Pacific St, Boise ID, 83705	
(Name)	(Street Address)	
	en e	
The name and address of at least on	ne member or manager of the limited liabilit	y
company:		
<u>Name</u>	Address 15 00705	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ginger Boothe	1710 S Pacific St, Boise ID, 83705	
T. Landa	The second second	1 1 mg 1
Jim Longaek		
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M. Him address for future corrections	idence (annual report notices):	
Mailing address for future correspond	idence (annual report notices):	
Mailing address for future correspond 1712 S P	idence (annual report notices): Pacific St, Boise ID, 83705	
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Mailing address for future correspond 1712 S P Future effective date of filing (options) gnature of organizer(s). (An organizer is a ting in behalf of amember or members). gnature yped Name: Jim Longden	Pacific St, Boise ID, 83705 Pacific St, Boise ID, 83705	OF STATE_
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