



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR -6 PM 12: 51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MOTH LLC

2. The complete street and mailing addresses of the initial designated office:

1857 E Boise Ave, Boise ID 83706

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Tab Carman

(Name)

1857 E Boise Ave, Boise ID 83706

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Tab Carman

1857 E Boise Ave, Boise ID 83706

Tara Garrett

1857 E Boise Ave, Boise ID 83706

5. Mailing address for future correspondence (annual report notices):

1857 E Boise Ave, Boise ID 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Nathon Tab Carman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/06/2014 05:00
CK: 1729100 CT: 172099 BH: 1413960
1 @ 100.00 = 100.00 ORGAN LLC # 2

W135199