

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 10 PM 3: 25

SECRETARY OF STATE

1. The name of the limited liability company is: STATE OF IDAHO			
	This and That L	LC	
2. The complete street an 2941 W Sage Springs ct.	•	e initial designated/principal office:	
(Street Address)	+		
(Mailing Address, if different than	n street address)		
-	te street address of the re	gistered agent:	
Chris Matthews		2194 W sage Springs Ct. Meridian ld 83646	
(Name)	(Street Address	(Street Address)	
The name and address company:	of at least one member	or manager of the limited liability	
<u>Name</u>		Address	
Chris Matthews		2941 W Sage Springs Ct. Meridian ID 83646	

5. Mailing address for futu	•	ial report notices):	
2194 W Sage Springs Ct.	Meridian ID 83646		
6. Future effective date of	filing (optional):		
Signature of a manager,	member or authorized		
person.	4	Secretary of State use only	
Signature <u>////////////////////////////////////</u>	4	Sociolary of State and State	
Typed/Name: Chris Matthew	5	IDAHO SECRETARY OF STATE 96/19/2911 95:99 CK: 782164 CT: 172899 BH: 1277928	
Signature		1 0 100.00 = 100.00 ORGAN LLC # 2	
		W104105	