

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 HAY -7 AM 11: 37

The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and m 1423 W Tana Dr. Meridian, Id	. "	initial designated office:	
(Street Address)			
(Mailing Address, if different than stre	et address)		
. The name and complete s	treet address of the reg	istered agent:	
Shawn A. Quist	1423 W Tana	1423 W Tana Dr. Meridian, Idaho 83646	
(Name)	(Street Address)		
I. The name and address of company:	at least one member or	manager of the limited liability	
<u>Name</u>		Address	
Shawn A. Quist	1423 w Tana l	Dr. Meridian, Idaho 83646	
<u> </u>			
5. Mailing address for future		al report notices):	
1423 w Tana Dr. Meridian, Ida	aho 83646		
o Francisco afficiativa data af fili	man (amáin mal).		
6. Future effective date of fili	ng (optional).		
Valatura af a lastica			
Signature of a manager, me erson.	emper or authorized		
6190ff.	, <u> </u>	Secretary of State use only	
Signature S		IDAHO SECRETARY OF STATE	
yped Name: Shawn A. Quist		05/07/2015 05:00 CK:2818144 CT:172099 BH:147	
		16 100.00 = 100.00 ORGAN LL	
Signature			

W151399

Typed Name: