

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2008 NOV 12 AM 10: 54

1. The name of the limited liability company is: STRATEGY WORKS, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 909 3RD STREET S, NAMPA, ID 83651 [Sirest Address] [Mailing Address, if different than street address of the registered agent: LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 [Name] Address LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 Address LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 MILO LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 5. Mailling address for future correspondence (annual report notices): 909 3RD STREET S, NAMPA, ID 83651 5. Mailling address for future correspondence (annual report notices): 909 3RD STREET S, NAMPA, ID 83651 5. Mailling address for future correspondence (annual report notices): 909 3RD STREET S, NAMPA, ID 83651 Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or mymbers). Signature JOSEMOUICA 11 J 2 / 2 908 8 855 CK: 163971 CT: 176899 8861 11 Typed Name: JOSEMOUICA 18 J 18		(instructions on back	of application)	SECRETARY OF STATE	
STRATEGY WORKS, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 909 3RD STREET S, NAMPA, ID 83651 [Street Address.] [Mailing Address.] # different than street address of the registered agent: LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 (Street Address) 4. The name and address of at least one member or manager of the ilimited liability company: Name Address LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 MILO LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 5. Mailing address for future correspondence (annual report notices): 909 3RD STREET S, NAMPA, ID 83651 5. Future effective date of filling (optional): Signature Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE Signature Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE I IDMO SERETORY OF STATE Signature Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE I IDMO SERETORY OF STATE Signature Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE I IDMO SERETORY OF STATE I IDMO SERETORY OF STATE Signature Typed Name: JOSE MQUICA I IDMO SERETORY OF STATE I I IDMO SERETORY OF STATE I IDMO SERETORY OF STATE I I I I I I I I I I I I I I I I I I I	1.	The name of the limited liability com	ipany is:	Gini C or	
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(Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 (Street Address) 4. The name and address of at least one member or manager of the ilimited liability company: Name LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 MILO LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 DIANA LYNN SHARP 909 3RD STREET S, NAMPA, ID 83651 5. Mailing address for future correspondence (annual report notices): 909 3RD STREET S, NAMPA, ID 83651 6. Future effective date of filling (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Signature JOSE NOLICA 1 1/12/2006 85 = Ct; 16997, CT; 17899 8H; 11 Typed Name: 1 1/12/2006 85 = Ct; 16997, CT; 17899 8H; 11 Typed Name:	2.	·			
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