

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB 18 AM 9:53

		11	* · ** ** · · · · · · · · · · · · · · ·
 The name of the limited liability company is: 			SIGN: 18.19.51A
	Rate Systems LLC	·	STATE OF IDAIN
240	complete street and mailing 047 Batt Comer Rd. Parma, ID 8 set Address)	addresses of the initial desi	gnated office:
(Mai	ling Address, if different than street addre	ss)	
3. The	name and complete street a	address of the registered age	ent:
	an Hansen	24047 Batt Corner Rd. Par	ma. ID 83660
(Nan	ne)	(Street Address)	
4. The comp	The name and address of at least one member or manager of the limited liability company:		
_	Name	Adg	dress
Sus	an Hansen	24047 Batt Corner Rd. Pan	ma, ID 83660
5. Mailir 2404	ng address for future corresp 7 Batt Comer Rd. Parma, ID 836	oondence (annual report noti 560	ces):
6. Futur	e effective date of filing (opti	onal): <u>Please</u> A	Expedite
Signature person.	e of a manager, member	or authorized	
Signature Typed Na	MSAN AHEINS me: Susan Hansen	s	ecretary of State use only
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IDAHO SECRETARY OF STATE

@2/18/2014 @5:00

CK: 5827 CT: 293838 RH: 1418656
1 8 188.88 = 188.88 ORGAN LLC # 2
1 8 28.88 = 28.88 EXPEDITE C # 3

W134339

Signature

Typed Name: ____