



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 15 PM 3:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Should Be White Cloud LLC

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

373 White Cloud Dr. Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Joy Caisse

(Name)

373 White Cloud Dr. Boise, ID 83709

(Street Address)

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

Name

Address

Scott Caisse

373 White Cloud Dr. Boise, ID 83709

Joy Caisse

373 White Cloud Dr. Boise, ID 83709

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

373 White Cloud Dr. Boise, ID 83709

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Joy Caisse

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/15/2014 05:00

CK:1196 CT:88757 BH:1441383

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