



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -9 AM 9:08

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Memoriesofasoldier.com LLC

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

4947 North Quail Summit Place, Boise ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Jonathan Craig Engevik

(Name)

4947 North Quail Summit Place, Boise ID 83703

(Street Address)

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

**Name**

**Address**

Jonathan Craig Engevik

4947 north Quail Summit Place, Boise ID 83703

Jennifer Ann Engevik

4947 North Quail Summit Place, Boise ID 83703

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

4947 North Quail Summit Place, Boise ID 83703

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name Jonathan Craig Engevik

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
10/09/2008 05:00  
CK: 2586 CT: 238437 BH: 1139438  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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