

Signature _____ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV -3 AM 10: 18

SEUAHTARY OF OTA
SEUHETARY OF STA STATE OF IDAHO
s L.L.C.
es if different, of the initial designated/
e, ID 83702
the name and complete street
#13, Boise, ID 83702
or manager of the limited liability

4 W. Hill Rd. #13, Boise, ID 83702
al report notices): pise, ID 83702
Secretary of State use only
mskoart org. Rc.PMD
r org
8 8

IDAHO SECRETARY OF STATE
11/03/2009 05:00
CK: 387344 CT: 167623 BH: 1193869
1 8 180.00 = 108.00 ORGAN LLC # 2

