

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 JUN 16 PM 4: 46

(Instructions on back of application)

CECRETARY OF STATE

1.	The name of the limited liability com	pany is:
		KAML, LLC
2.	The complete street and mailing add	Iresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	MICHAEL R. LINDSTROM	2810 SNOWFLAKE DRIVE BOISE, IDAHO 83706
	(Name)	(Street Address)
4.	The name and address of at least or company:	ne member or manager of the limited liability
	<u>Name</u>	Address
	MICHAEL R. LINDSTROM	2810 SNOWFLAKE DRIVE BOISE, IDAHO 83706
	KEVIN R. ANDERSEN	4160 STRATFORD DRIVE BOISE, IDAHO 83704
5.	Mailing address for future correspond	dence (annual report notices):
	2810 SNOWFLAKE DRIVE BOISE, IDAH	HO 83706
6.	Future effective date of filing (optional):	
_	nature of a manager, member or son.	authorized
h⊡		Secretary of State use only
Sig	nature Mill Anti-	
Тур	ped Name: MICHAEL R. LINDSTROM	
		IDAHO SECRETARY OF STATE
Sig	nature	
т	and Nama:	1 @ 100.08 = 100.08 ORSAN LLC # 2

W104294

Typed Name: _____