

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 24 AM 8: 24

(instructions on	nack of application	11)
The name of the limited liabilit Manard POS LLC	y company is:	SECRETARY OF STATE STATE OF IDAHO
The complete street and mailin 122 Quarterhorse Drive, Bellevue, i	-	e initial designated office:
(Street Address)		
(Mailing Address, if different than street add	ress)	
3. The name and complete street	address of the re	gistered agent:
Steven J. Wilson	122 Quarterh	iorse Drive, Bellevue, ID 83313
(Name)	(Street Address)
company:	ast one member o	or manager of the limited liability
Name Steven J. Wilson 122 Quartert		Address orse Drive, Bellevue, ID 83313
	-	
Kathleen Bjorkman-Wilson	122 Quarterh	orse Drive, Bellevue, ID 83313
5. Mailing address for future corre	espondence (annu	al report notices):
122 Quarterhorse Drive, Bellevue, I	D 83313	
C. Fortune of the state of the state of		
6. Future effective date of filing (o	ptional):	
Signature of a manager was be-		
Signature of a manager, member person.	er or authorized	
Signature		Secretary of State use only
Typed Name: Stevent Woon		TRIVA SECREMINU AR SMIMR
		10AHO SECRETARY OF STATE 12/24/2014 05:00
Signature 7		CK:1040311 CT:13941 BH:1454
Typed Name: Kathleen Bjorkman-Wils	son	10 100.00 = 100.00 ORGAN LL

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