



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Check box to clear form.

(Instructions on back of application)

2014 APR -7 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DOMESTIC WILDFLOWER PRESS, LLC

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

804 1/2 N. 17th Street Boise, ID 83702
(Street Address)

same
(Mailing Address, if different than street address)

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

Rochelle Cunningham 804 1/2 N. 17th St., Boise ID 83702
(Name) (Street Address)

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

Name	Address
<u>Rochelle Cunningham</u>	<u>804 1/2 N. 17th St., Boise, ID 83702</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

804 1/2 N. 17th St. Boise, ID 83702

6. Future effective date of filing (optional): APRIL 20, 2014

Signature of a manager, member or authorized person.

Signature Rochelle Cunningham
Typed Name: MANAGER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/07/2014 05:00
CK: 998 CT: 295383 BH: 1418892
1 @ 100.00 = 100.00 ORGAN LLC # 2

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