



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 21 PM 1:51
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MicroAdventure LLC

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

104 E FAIRVIEW AVE #206 MERIDIAN IDAHO 83642

(Street Address)

(Mailing Address, if different than street address)

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

DAVE LAKHANI

(Name)

3472 N DUANE WAY BOISE ID 83713

(Street Address)

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

Name

Address

THE PORTFOLIO LLC

104 E FAIRVIEW AVE #206 MERIDIAN IDAHO 83642

TEAM FIVE INC

1614 GROVES AVE NE
OLYMPIA WA 98502

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

104 E Fairview Ave #206 Meridian ID 83642

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: DAVE LAKHANI, THE PORTFOLIO LLC

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/21/2014 05:00

CK:1109 CT:300335 BH:1438303

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