

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED STRECTIVE

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1. The name of the limited liability company is	STATE OF IDAHO
Midnight De	esign LLC
The complete street address, and mailing ad principal office:	ddress if different, of the initial designated/
2720 Doris Circle, Idah	o Falls, Idaho 83402
The name of the commercial registered age address of the non-commercial registered age.	
National Registered Agents, Inc. 1423 Tyr	rell Lane Boise, ID 83706 County of Ada
The name and address of at least one mem company:	ber or manager of the limited liability
Name	Address
Rodger Mickelsen 2	720 Doris Circle, Idaho Falls, Idaho 83402
Shawn Schultz 2	720 Doris Circle, Idaho Falls, Idaho 83402
Justin Thomas 2	720 Doris Circle, Idaho Falls, Idaho 83402
Paul Forbord 2	2720 Doris Circle, Idaho Falls, Idaho 83402
5. Mailing address for future correspondence (2720 Doris Circle, Idah	
6. Future effective date of filing (optional):	
Signature of an organizer(s). (An organizer is a men	
or is acting in behalf of a required, and existing, initial mer or members).	Secretary of State use only
Signature	ට වැ. වැ.
Typed Name: Karla Figueroa, Assistant Secretary	- 29 TANIA PERPETADA AF STATE
	- Under the secretary of State - IDAHO SECRETARY OF STATE - B80
Signature	CK: 183873 CT: 167623 BH: 113817 _
Typed Name:	_ law

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