FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 NOV 13 PM 2=14

30	(Instructions o	on back of application	٦)	STATE OF IDAHO
1. The nam	ne of the limited liabi	ility company is:		
		OE Annex, LLC	;	
2. The com	complete street and mailing addresses of the initial designated/principal office:			
	ghway 99, Troy, Idaho 83	3871		
(Street Add	iress)			
(Mailing Ac	ddress, if different than street a	iddress)		
3. The nam	The name and complete street address of the registered agent:			
Barbara	bara Garrott 1541 Highw		ay 99, Troy, Idaho 83871 (County of Latah)	
(Name)		(Street Address)	(Street Address)	
4. The nam	ne and address of at y:	least one member o	r manager of th	ne limited liability
	Name		Address	
Barbara	Barbara Garrott		1541 Highway 99, Troy, Idaho 83871	
Douglas	Douglas Garrott		1541 Highway 99, Troy, Idaho 83871	
Natalie V	Natalie Winchester		1541 Highway 99, Troy, Idaho 83871	
				
•	address for future con	•	•	s):
C/O OE A	Annex, LLC, 1541 Highwa	ay 99, Troy, Idaho 83871		
6. Future e	ffective date of filing	(optional):		
		(
Signature o	f a manager, mem	ber or authorized		
erson.	Λ u.1	Γ	San	etary of State use only
Signature	() /// ()		CGG	otaly or otale use offy
	: Cheyenne Moseley, A			
)	Secretary, LegalZoon	n.com, Inc.		DAHO SECRETARY OF STA
Signature_				1 /14/2014 05:0
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