

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 AUG - 1 PM 4: 38

| TE S | (Instructions on back of application) | | SECRETARY OF STATE |
|-----------------|--|---|---|
| 1. | The name of the limited liability company is: | | STATE OF IDAHO |
| •• | CHICAGO, LLC | | |
| 2. | The complete street and mailing addresses of the initial designated office: 6568 S. FEDERAL WAY, SUITE 168, BOISE, ID 83716 | | |
| | (Street Address) | | |
| | (Mailing Address, if different than street address | ess) | |
| 3. ⁻ | The name and complete street address of the registered agent: | | |
| | TROY ASHWORTH | 6568 S. FEDER | RAL WAY, SUITE 168, BOISE, ID 83716 |
| | (Name) | (Street Address) | |
| | The name and address of at leac company: <u>Name</u> TROY ASHWORTH | <u>Address</u> 6568 S. Federal Way, Suite 168, Boise, ID 83716 | |
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| | | | |
| 5. | Mailing address for future corre | espondence (annua | report notices): |
| | 6568 S. Federal Way, Suite 168, Bo | oise, ID 83716 | |
| c | Future effective date of filing (o | entional): | |
| 0. | ruture enective date or ming (o | ptional). | |
| Siar | nature of a manager, membe | er or authorized | |
| pers | _ | | Canada of State and only |
| ٥. | | | Secretary of State use only |
| _ | ed Name: Troy Ashworth | | IDAHO SECRETARY OF STA |
| ı yp | ed Name: Troy Ashworth | | 08/01/2014 05:0 CK:19470 CT:214448 BH: |
| Siar | nature | | 10 100.00 = 100.00 ORGAN |
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Typed Name: ____