

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE **LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 FEB 20 PM 3: 03

SECRETARY DE LINE

1. The name of the limited liab	sility company is:
•	iling addresses of the initial designated office:
4466 S Constitution Ave Boise II (Street Address)	D 83/16
(Mailing Address, if different than street	
The name and complete stre	eet address of the registered agent:
Shashank Rayasam	4466 S Constitution Ave Boise ID 83716
(Name)	(Street Address)
4. The name and address of at company:	least one member or manager of the limited liability
Name	Address
Shashank Rayasam	4466 S Constitution Ave Boise ID 83716
Kelli Rayasam	4466 S Constitution Ave Boise ID 83716
5. Mailing address for future co	orrespondence (annual report notices): D 83716
6. Future effective date of filing	(optional):
ignature of a manager, memerson.	nber or authorized
2	Secretary of State use only
ignature //	
yped Name: <u>SHASHANK</u>	KAYASAM
ignature	IDAHO SECRETARY OF STATE
wood Name:	IDAHO SECRETARY OF STATE  92/20/2013 95:0  CK: 1328 CT: 279634 BH: 13619

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