



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV -6 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mo B One L.L.C.

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

34313 W Coeur d' Alene Lake Shore CDA, ID 83814

(Street Address)

PO Box 3114 Post Falls, ID 83877

(Mailing Address, if different than street address)

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

Branden Rose

(Name)

34313 W Coeur d' Alene Lake Shore CDA, Id 83814

(Street Address)

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

Name

Address

Maureen Rose

34313 W Coeur d' Alene Lake Shore CDA, Id 83814

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

PO Box 3114 Post Falls, ID 83877

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Branden Rose

Signature

Typed Name: Maureen Rose

Secretary of State use only

IDAHO SECRETARY OF STATE
11/06/2012 05:00
CK: 1541 CT: 275984 BH: 1346671
1 @ 100.00 = 100.00 ORGAN LLC # 2

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