



0004133115

**STATE OF IDAHO**

Office of the secretary of state, Lawrence Denney

**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0004133115

Date Filed: 1/12/2021 7:52:19 PM

| Certificate of Organization Limited Liability Company                                                                                                                                                                                                                     |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------------------------------------|----------------|----------------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                                                                                                              | Expedited (+\$40; filing fee \$140)                                                                                                                                             |      |         |               |                                              |                |                                              |
| 1. Limited Liability Company Name                                                                                                                                                                                                                                         |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| Type of Limited Liability Company                                                                                                                                                                                                                                         | Limited Liability Company                                                                                                                                                       |      |         |               |                                              |                |                                              |
| Entity name                                                                                                                                                                                                                                                               | Passivesellers LLC                                                                                                                                                              |      |         |               |                                              |                |                                              |
| 2. The complete street address of the principal office is:                                                                                                                                                                                                                |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| Principal Office Address                                                                                                                                                                                                                                                  | 1119 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647                                                                                                                                    |      |         |               |                                              |                |                                              |
| 3. The mailing address of the principal office is:                                                                                                                                                                                                                        |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| Mailing Address                                                                                                                                                                                                                                                           | 1119 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647-5784                                                                                                                               |      |         |               |                                              |                |                                              |
| 4. Registered Agent Name and Address                                                                                                                                                                                                                                      |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| Registered Agent                                                                                                                                                                                                                                                          | Registered Agent<br>Daniel Widner<br>Physical Address:<br>1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647<br>Mailing Address:<br>1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647-5784 |      |         |               |                                              |                |                                              |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                                                                                                              |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| 5. Governors                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Daniel Widner</td><td>1117 NW FOSTER DR<br/>MOUNTAIN HOME, ID 83647</td></tr><tr><td>Jerrica Widner</td><td>1117 NW FOSTER DR<br/>MOUNTAIN HOME, ID 83647</td></tr></tbody></table> |                                                                                                                                                                                 | Name | Address | Daniel Widner | 1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647 | Jerrica Widner | 1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647 |
| Name                                                                                                                                                                                                                                                                      | Address                                                                                                                                                                         |      |         |               |                                              |                |                                              |
| Daniel Widner                                                                                                                                                                                                                                                             | 1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647                                                                                                                                    |      |         |               |                                              |                |                                              |
| Jerrica Widner                                                                                                                                                                                                                                                            | 1117 NW FOSTER DR<br>MOUNTAIN HOME, ID 83647                                                                                                                                    |      |         |               |                                              |                |                                              |
| Signature of Organizer:                                                                                                                                                                                                                                                   |                                                                                                                                                                                 |      |         |               |                                              |                |                                              |
| <i>Daniel Widner</i>                                                                                                                                                                                                                                                      | 01/12/2021                                                                                                                                                                      |      |         |               |                                              |                |                                              |
| Sign Here                                                                                                                                                                                                                                                                 | Date                                                                                                                                                                            |      |         |               |                                              |                |                                              |

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