

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 DEC 26 PM 1:51

1.	The name of the limited liability cor	npany i	is:	SECRETARY OF STATE STATE OF IDAHO
	NEST LLC			Sinc of IDANO
2.	The complete street and mailing ad 2238 W LOS FLORES DR	dresses	of the initial des	ignated office:
	(Street Address) MERIDIAN ID 83646	-		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:			
	JASON SWALLOW 2238 W LOS FLORES DR, MERIDIAN ID 83646			
	(Name)		Address)	,
4.	The name and address of at least one member or manager of the limited liability company:			
	Name JASON SWALLOW	2220 1		ddress R. MERIDIAN ID 83646
5 .	Mailing address for future corresponded 2238 W LOS FLORES DR, MERIDIAN III		(annual report no	otices):
6.	Future effective date of filing (option	nal):		
_	nature of a manager, member or son.	author	rized	
•				Secretary of State use only
Typ	nature Sollow ped Name: JASON SWALLOW			
				IDAHO SECRETARY OF STATE 12/26/2013 05:00
	nature			CK: 3311 CT: 280036 BH: 1403182 L 0 100.00 = 100.00 ORGAN LLC # 2