

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability co	ompany is: STATE OF IDAHO You Rest Easy LLC	
2.		ddresses of the initial designated office:	
	(Street Address) Boise, ID 83709 (Mailing Address, if different than street address)		
3.	The name and complete street add	dress of the registered agent:	
	Dale Nelson (Name)	6489 Hollilynn Dr, Boise, ID 83709 (Street Address)	
4.	The name and address of at least of company:	one member or manager of the limited liability	
	Name	<u>Address</u>	
	Dale Nelson	6489 Hollilynn Dr, Boise, ID 83709	
5.	Mailing address for future correspo	ondence (annual report notices):	
	6489 Hollilynn Dr, Boise, ID 83709		
6.	Future effective date of filing (optio	onal):	
_	nature of a manager, member of son.	r authorized	
•	nature the Alm	Secretary of State use only	
_	ped Name: Dale Nelson		
Sig	nature	IDAHO SECRETARY OF STATE	
Тур	ped Name:	06/05/2012 05:06 CK: 1051 CT: 27122 BH: 132693	12 12

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