

Signature:\_

Rev. 08/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2015 NOV 27 PM 2: 23

SECRETARY OF STATE

**FILED EFFECTIVE** 

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u> .		STATE OF IDAHO	
The name of the limited li MSL, LLC	ability company is:		
(Remember to include the	e words "Limited Liability Company," "Limited C	ompany," or the abbreviations E.L.C., LEC, or I.C)	
6200 River Pointe Drive	mailing addresses of the princip - Office, Boise, ID 83714	oal office is:	
(Street Address) P.O. Box 140477, Boise,	ID 83714		
(Mailing Address, if different)			
The name and complete	street address of the registered	agent:	
Michael G. Matzek	6200 River Pointe	6200 River Pointe Drive - Office, Boise, ID 83714	
(Name)	(Address)		
The name and address of	f at least one governor of the lir	nited liability company:	
Michael G. Matzek	•	P.O. Box 140477, Boise, ID 83714	
(Name)	(Address)		
Mailing address for future P.O. Box 140477, Boise,	correspondence (annual repo	t notices):	
(Address)			
nature of organizer(s).			
ted Name: Michael G. Matzek		Secretary of State use only	
nature: Broken St. Trakel		IDAHO SECRETARY OF STATE  11/27/2015 05:00  CK:2848 CT:100281 BH:1502145 10 100.00 = 100.00 ORGAN LLC #2	
nted Name:		"	

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