

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY 20 AM 8: 21

1. The name of	the limited liability compa	any is:	;	SECRETARY OF STA STATE OF IDAHO) Alb
	Core	Connection,	LLC	Off the Other Party	
2. The complete	street and mailing addre	esses of the		nated/principal offic	ce:
(Street Address)	0,700 00.0				
(Mailing Address.	if different than street address)			- Miles	1114
, ,	d complete street addres	s of the reg	jistered agen	:	
Ross	Anne Gibson	8	460 Golse Dr. E	loise ID 83704	la de la companya de
(Name)		(Street Address)			# ,
The name and company:	d address of at least one	member o	r manager of	the limited liability	
	Name Address				
Aı	Annette Mease 6722 W. Pomona Road, Boise ID 83704				
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 					94
<u></u>					
			<u></u>	<u> </u>	
		-			
5. Mailing addre	ss for future corresponde	ence (annu	al report notic	es):	
_	8460 Gols	se Dr. Boise I	D 83704		
				•	<i>:</i> ,
6. Future effecti	ve date of filing (optional)):	. · · · · · · · · · · · · · · · · · · ·	/ TA	
•					** · · ·
•	nizer(s). (An organizer is a m	ember, or is			•
acting in behalf of a r	member or members).			ecretary of State use only	
Signature			7 . PA	•	194
Typed Name:	RossAnne Gibson		guo Tue		••
Signatura	mitte Mi.		NametLC formscert_org_RCPMD	IDAHO SECRETARY	OF STATE
Signature Annette Mease			bormakl.	CX: 1982 CT: 237262 1 8 100.80 = 100.88	BH: 1171218 ORAGN (10 =