



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 OCT 25 AM 8:51**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

PurpleCure, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

175 Wilderness Lake Rd; Cascade, ID 83611

(Street Address)

PO Box 39; Ola, ID 83657

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:

E. Brian Allen

175 Wilderness Lake Rd; Cascade, ID 83611

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

E. Brian Allen

175 Wilderness Lake Rd; Cascade, ID 83611

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

PO. Box 39; Ola, ID 83657

(Address)

Signature of organizer(s)

Signature: E. Brian Allen

Printed Name: E. Brian Allen

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

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10/25/2017 05:00

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