CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 22 PN 4: 19

SECRETARIA DE STATE

1. The name of the limited liability comp	pany is:
Uncle	Box Enterprises, LLC
2. The complete street and mailing add	resses of the initial designated/principal office:
	kness Way, Nampa, ID 83686
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
Sherri Merkley	3715 Ringneck Drive, Nampa, ID 83686
(Name)	(Street Address)
The name and address of at least on company:	ne member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Shane M. Loar	2013 S. Preakness Way, Nampa, ID 83686
7.	
5. Mailing address for future correspond	dence (annual report notices):
2013 S. Preak	rness Way, Nampa, ID 83686
6. Future effective date of filing (optional	al):
Signature of organizer(s). (An organizer is a r	member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature Januforn	Secretary or state use only
Typed Name: Shane M. Lean	g
rypeu ivaille.	
Signature	DAHO SECRETARY OF STATE O6/23/2009
Signature	CK: 5625 CT: 86888 BH: 117598
Typed Name:	26

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