

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2013 FEB 11 AM 10: 09

1.	The name of the limited liability cor	mpany is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 100 W. Overland Rd. Suite 200, Meridian, ID 83642 (Street Address)			
	(Mailing Address, if different than street address)	(Mailing Address, if different than street address)		
3.	he name and complete street address of the registered agent:			
	Michael Stosich		MONE WAY, Meridian, ID 83642	
	(danc)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	Mike Stosich	3867 S. LAI	MONE WAY, Meridian, ID 83642	
 Mailing address for future correspondence (annual report notices): 100 W. Overland Rd. Suite 200, Meridian, ID 83642 				
6. i	Future effective date of filing (optiona	ıl):		
Sign perso	ature of a manager, member or a	authorized		
Sians	ature		Secretary of State use only	
	d Name: Mike Stosich			
Signa ype	atured Name:		IDAHO SECRETARY OF STATE 02/11/2013 05:00 CK: 1155 CT: 279241 BH: 1359647 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3	