

CERTIFICATE OF ORGANIZATION 2814 JUN -3 PM 3: 43

	LIMITED LIABIL (Instructions on ba		SEC MODELLY WAS STATE OF 10A	iale Bo
1. The n	ame of the limited liability of			
2. The complete street and mailing addresses of the initial designated office:				
2. 1110 0	À	ard St. Boi.	•	5
10	Address) ~	tree Ave. I	Boise ID 83710	
The name and complete street address of the registered agent:				
Mame (Name	ely wall.	U337 S. (Street Address)	Departre de	BUIS ID
The name and address of at least one member or manager of the limited liability company:				
be	elly Wall	4337 S	Address Depositive Au Borse	<u>e.</u>
			13013	
5. Mailin	g address for future corresp 337 S. PUPU	· · · · · ·	ort notices): Bay ID 83716	
6. Future	e effective date of filing (opt	ional):		<u> </u>
Signature person.	of a manager, member	or authorized		
Signature Typed Nai	1/ i)/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10	Secretary of State use only 10AKO SECRETARY 06/04/2014 CK:1003 CT:276116 6 100.00 = 100.00	OF STATE 05:00 BH:1427508
Signature				
Typod Nai	ma:			

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