

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 APR 14 PM 4: 46

	/managana an agai	(or approximal)	SECRETARY OF STATE
1.	The name of the limited liability cor	mpany is:	STATE OF IDAHO
	All Spun Up, LLC		
2.	The complete street and mailing ad 4737 N. Nystrom Pl., Boise, ID 83713 (Street Address)	dresses of the initial desig	nated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Sarah Gray	4737 N. Nystrom Pl., Boise,	ID 83713
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Add	
	Sarah Gray	4737 N. Nystrom Pl., Boise,	ID 83713
	Jackson Gray 4737 N. Nystrom Pl., Boise, ID 83713		ID 83713
5.	Mailing address for future correspondance 4737 N. Nystrom Pt., Boise, ID 83713	ndence (annual report noti	ces):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	authorized	
	Share I Son	S	ecretary of State use only
_	nature MASH II	4	
Тур	ped Name: Sarah Gráy	}	
	nature		IDAHO SECRETARY OF STATE 04/15/2014 05:00 CK: 2989 CT: 295678 BH: 1420228
171			CK: 2989 CT: 23300 ORGAN LLC # 2