



0005192303

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005192303

Date Filed: 4/8/2023 4:16:39 PM

| <p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>Expedited (+\$40; filing fee \$140)</p> | | | | | | | |
|--|---|------|---------|-----------------|---|----------------|---|
| <p>1. Limited Liability Company Name Type of Limited Liability Company Limited Liability Company Entity name Proluminary LLC</p> | | | | | | | |
| <p>2. The complete street address of the principal office is: Principal Office Address 9169 W STATE ST #125 GARDEN CITY, ID 83714</p> | | | | | | | |
| <p>3. The mailing address of the principal office is: Mailing Address 9169 W STATE ST # 125 GARDEN CITY, ID 83714-1733</p> | | | | | | | |
| <p>4. Registered Agent Name and Address Registered Agent Registered Agent Allison K Ricci Physical Address: 7410 BLAINE STREET BONNERS FERRY, ID 83805 Mailing Address: 7401 BLAINE ST BONNERS FERRY, ID 83805</p> | | | | | | | |
| <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> | | | | | | | |
| <p>5. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Allison K Ricci</td> <td>7410 BLAINE STREET BONNERS FERRY, ID 83805</td> </tr> <tr> <td>Kieran D Ricci</td> <td>7410 BLAINE STREET BONNERS FERRY, ID 83805</td> </tr> </tbody> </table> | | Name | Address | Allison K Ricci | 7410 BLAINE STREET BONNERS FERRY, ID 83805 | Kieran D Ricci | 7410 BLAINE STREET BONNERS FERRY, ID 83805 |
| Name | Address | | | | | | |
| Allison K Ricci | 7410 BLAINE STREET BONNERS FERRY, ID 83805 | | | | | | |
| Kieran D Ricci | 7410 BLAINE STREET BONNERS FERRY, ID 83805 | | | | | | |
| <p>Signature of Organizer:</p> <p><i>Allison Kay Ricci</i></p> | | | | | | | |
| <p>Sign Here</p> | | | | | | | |
| <p>04/08/2023</p> | | | | | | | |
| <p>Date</p> | | | | | | | |