

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY -6 AM 10: 38

The name of the limited liability co	mpany is:	SECRETARY OF STAT STATE OF IDAHO
The complete street and mailing ac	Idresses of the in	nitial designated office:
207 Almond St. Nampa, ID 83686 (Street Address)	,	
·		
(Mailing Address, if different than street address) The name and complete street add	ress of the regis	tered agent:
Heather Blake	•	Nampa, ID 83686
(Name)	(Street Address)	
Heather Blake	207 Almond St.	Nampa, ID 83686
Name Heather Blake	207 Almond St.	Address Nampa, ID 83686
	<u> </u>	
Mailing address for future correspo 207 Almond St. Nampa, ID 83686	ndence (annual	report notices):
Future effective date of filing (optio	nal):	<u> </u>
nature of a manager, member o	r authorized	
ion.	L [Secretary of State use only
nature Warful MSCall		IDAHO SECRETARY OF STATE
ed Name: Heather J. Blake		05/06/2015 05:00 CK:2814278 CT:172099 BH:14 10 100:00 = 100:00 ORGAN L
	1.	

Typed Name: