

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application) 2012 JAN 24 AM 9: 04

1. The name of the limited liability company is: RacLynn Grant Counse In STATE OF STATE RacLynn Grant Counse In STATE OF STATE 2. The complete street and mailing addresses of the initial designated office: 1301. S. Capitol Blvc Boise, (Street Address) 3. The name and complete street address of the registered agent: RacLynn Grant 1415. S. Colorado Au (Name) (Street Address) 4. The name and address of at least one member or manager of the limited is company: Name RacLynn Grant 1301. S. Capitol Blvd 183704 5. Mailing address for future correspondence (annual report notices): 1445 S. Colorado Ave Boise TD 83 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Fact Lynn Grant Typed Name: RacLynn Grant	~ *
2. The complete street and mailing addresses of the initial designated office: 301 S. (apitol Blvc Boise, Society of State of Signature Brank Bra	-
1301. S. (apitol Blvcl Boise, (Street Address) 8370 Lg (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Rackynn Grant 1415. S. Colorado Augusta (Name) 1415. S. Colorado Augusta (Street Address) 8370 Lg 4. The name and address of at least one member or manager of the limited accompany: Name Rackynn Grant 1301. S. Capitol Blvd 188370 Lg 8370 Lg	
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3. The name and complete street address of the registered agent: Rallynn Grant 1415. S. Colorado Au (Name) (Street Address) 83704 4. The name and address of at least one member or manager of the limited is company: Name Raelynn Grant 1301. S. Capital Blvd 183704 5. Mailing address for future correspondence (annual report notices): 1415 S. Colorado Ave Boise TD 83 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Raelynn Grant Secretary of State of Signature Raelynn Grant	
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4. The name and address of at least one member or manager of the limited becompany: Name RaeLynn Grant 1301. S. Capitol Blvd 83706 5. Mailing address for future correspondence (annual report notices): 1415. S. Colorado Ave Boise, TD, 83 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Haul Typed Name: RaeLynn Grant Typed Name: RaeLynn Grant	
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*	ARY OF STATE
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