

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECAL BY OF STATE

,	STATE OF IDAHO
 The name of the limited liabil 	
	CMDT, LLC
The complete street and mails 7650 North Star Road	ing addresses of the initial designated/principal office:
(Street Address) Meridian, Idaho 83646	
(Mailing Address, if different than street ad	idress)
 The name and complete street 	et address of the registered agent:
Carma Phillips	7650 North Star Road, Meridian, Idaho 83646
(Name)	(Street Address)
The name and address of at I company:	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Carma Phillips	7650 North Star Road, Meridian, Idaho 83646
5. Mailing address for future cor	respondence (annual report notices):
7650 North Star Road, Meridian, I	
6. Future effective date of filing	(optional):
· ·	
Signature of a manager, memb	her or authorized
person.	or or authorized
	Secretary of State use only
Signature <u>ama</u> m	m
yped Name: Carma Phillips	
	IDAHO SECRETARY OF STATE
Signature	11/10/2011 05:0 CK: 26138 CT: 78183 BH: 1297
yped Name:	
AREA MAINE.	

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