

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

08 OCT 15 AM 8: 29

(Instructions on back of application)

SECRETARY OF ST

•	STATE OF IDAHO
1. The name of the limited liability compar	ny is:
•	l e-Motion, LLC
	sses of the initial designated/principal office:
•	Dr. Meridian, Idaho 83646
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address	of the registered agent:
Amy Beth Arana	4102 W Moon Lake Dr. Meridian, Idaho 83646
	Street Address)
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: 	
5. Mailing address for future corresponder	nce (annual report notices):
4102 W Moon Lake	Dr. Meridian, Idaho 83646
6. Future effective date of filing (optional):	November 1, 2008
ignature of organizer(s). (An organizer is a mer cting in behalf of a member or members).	mber, or is
	Secretary of State use only
Signature My Beth Maria	
Typed Name: Amy Beth Arana	fg
	IDAHO SECRETARY OF STATE  10/15/2008 05:0  CK: 7121 CT: 230473 BH: 11468  1 9 108.80 = 108.80 ORGAN LLC
ignature	CK: 7121 CT: 238473 BH: 11468
Typed Name:	6

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