

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 AUG 31 PM 2: 19

1.	The name of the limited liability company is:	STATE OF IDAHO
	ISD UC	
2.	. The complete street and mailing addresses of the initial designated/principal office:	
	(Street Address) (Street Address) (Mailing Address, if different than street address)	Les Bless
3.	The name and complete street address of the registered agent:	
	Jackic Ducrdsen 288 7 (Name) (Street Address	RedwoodplGreenleaf Td8300
4.	. The name and address of at least one member or manager of the limited liability company:	
	Name Out	Address 200 0 1 +th 1 5h CD (
	There I have sen	14 Grented 18 BLIL
	Jack Silvertsen (Bux) Sharley & Frenksen (1)	```
5. Mailing address for future correspondence (annual report notices):		
P.O. Box 394 Greenleaf 1D 83626		
	The state of the s	
6.	Future effective date of filing (optional):	
Signature of a manager, member or authorized person.		
Por	0 0	Secretary of State use only
Signature Solin Signature		
Typed Name: JACKTE J. DUERKSEN		
		IDAHO SECRETARY OF STATE 09/01/2011 05:00
Sig	nature	CK: 2262 CT: 188778 BH: 1288755 1 8 188.00 = 100.00 ORGAN LLC # 2
Typ	ad Name	1 @ 20.00 = 20.00 EXPEDITE C N 3

cert_org_(ic Rev. 07/2010

W 106366