



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN 17 PM 2:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Frazer Sibling #1, LLC

2. The complete street and mailing addresses of the initial designated office:

877 West Main Street, Suite 1000, Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Bradlee R. Frazer

(Name)

877 West Main Street, Suite 1000, Boise, ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Bradlee R. Frazer

877 West Main Street, Suite 1000, Boise, ID 83702

5. Mailing address for future correspondence (annual report notices):

877 West Main Street, Suite 1000, Boise, ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Bradlee R. Frazer, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/17/2014 05:00
CK: 1675301 CT: 172099 BH: 1406601
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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