

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB i 2 AM 11:58

| (mon-parone on paron of application) |
|---|
| 1. The name of the limited liability company is: SECRETARY OF STATE |
| Law Office of Matthew B. Simnons, CLC |
| 2. The complete street and mailing addresses of the initial designated office. |
| 505 Oak Street, Nezperce ID 83543 |
| (Mailing Address, if different than street address) |
| 3. The name and complete street address of the registered agent: |
| Matthew Simmons 505 Oak Street, Nozperce ID 8. (Name) (Street Address) |
| 4. The name and address of at least one member or manager of the limited liability company: |
| Matthew Simmons 505 Oak Street, Noggere ID 83543 |
| |
| |
| |
| |
| |
| 5. Mailing address for future correspondence (annual report notices): |
| 505 Oak Street, Nesperce ID 83543 |
| 6. Future effective date of filing (optional): |
| |
| Signature of a manager, member or authorized person. |
| Secretary of State use only |
| Typed Name: Matthew Simums |
| Circust. |
| Typed Name: |
| IDAHO SECRETARY OF STATE |

COT OR IL Rev. 07/2010

O2/12/2013 05:00 CK: 1284231 CT: 172099 BH: 1359932 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3