

Signature_

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 SEP 13 AM 8: 46

#0.0J	(Instructions on	back of application)	OFFICE OF OF STATE	
. The r	name of the limited liabili	ty company is:	SECPENERY OF STATE STATE OF IDAHO	
		2nd Street Home Furnishings	; LLC	
	complete street and mailing 2nd St South		designated/principal office:	
Nam	t Address) pa, Idaho 83651 ng Address, if different than street add	dence)		
		t address of the registered	d agent:	
	ael Eugene Roberts		5868 S Harrington Way, Boise,Idaho 83709	
(Nam	9)	(Street Address)		
The r	any:	east one member or mana	ager of the limited liability	
	<u>Name</u>		Address	
Mich	ael Eugene Roberts	5868 S Harrington Wa	ay, Boise,Idaho 83709	
****	<u> </u>		<u>,</u>	
Mailir	a address for future corre	espondence (annual repo	rt national:	
	S Harrington Way, Boise, Idah		n nouces).	
	O Trainington Tray, Doloc, Ida	10 00703		
. Future	e effective date of filing (o	optional):		
	• `			
gnature rson.	e of a manager, membe	er or authorized		
gnature		at-	Secretary of State use only	
ped Na	me: Michael E. Roberts			
			TRANS CEPPETARY SE CTATE	

IDAHO SECRETARY OF STATE

99/13/2010 05:00

CK: NO CK # CT: 25:151 RH: 1238583
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.80 = 20.00 EXPEDITE C # 3