

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 14 AM 11: 20

1.	The name of the limited liability con	npany is:	STATE	OF IDAHO
	Bras	ss Ring No. 1, L		*
2.	The complete street and mailing add 575 E. ParkCenter Blvd., Ste 100, Boise,		e initial designated office:	
	(Street Address) Same			
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:			
	Richard D. Himberger		enter Blvd., Ste 100, Boise, ID	83706
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	<u>Address</u>		
	James D. Boswell	5641 East Mineral Drive, Boise, ID 83716		
	Kimberly A. Boswell	5641 East Mineral Drive, Boise, ID 83716		
5.	Mailing address for future correspor	ndence (annu	al report notices):	
	575 East ParkCenter Blvd., Suite 100, Boise, ID 83706			
6.	Future effective date of filing (optional):			
_	nature of a manager, member or rson.	authorized		
-	inature Zat beg	ζ	Secretary of State us	e only
Гуј	ped Name: Richard D. Himberger, Atomo	ey		AU AR AT*
Sig	nature		IDAHO SECRETA ゼピノ14/201 CK: 1790 CT: 1607 1 8 100.00 = 100.0	L2 <b>05:00</b> 33 BH: 131 <b>6</b> 639
Туј	ped Name:			