

Typed Name: ___

CERTIFICATE OF ORGANIZATION FILED EXECTIVE

(Instructions on back of application)

09 MAR -3 AM 8= 18

SECRETARY OF STATE

 The name of the limited liability of 	ompany is:		STATE OF IDAHO"	
EOI, LLC				
The complete street and mailing a	addresses of t Mendota Drive, E			
(Street Address)				
(Mailing Address, if different than street address	3)			
s. The name and complete street ac		egistered aç	gent:	
Kirklyn R. Smith	260	3 E. Mendota	Drive, Boise, ID 83716	
(Name)	(Street Addre	8S)		
 The name and address of at leas company: 	t one member			
Name			Address ndota Drive, Boise, ID 83716	
Kirklyn R. Smith		3 E. Mendola	Dive, Boise, ID 637 10	
	_	, 		
•				
.			and the second of the second 	
. Mailing address for future corresp	oondence (ann Mendota Drive, I		•	
2000 E.	THISTIGOES DITTO, I	30,00, 12,007 1		
Future effective date of filing (opt	ional):			
gnature of organizer(s). (An organizer	is a member, or is	· \$		
ting in behalf of a member or members).		· .	· · · · · · · · · · · · · · · · · · ·	
1.11 1 X		OW.	Secretary of State use only	
gnature / Kildur & Smit	<u> </u>	[일 12년		
yped Name: Kirklyn R. Smit	LI L	Stoert (*****	
ignature		LLC formsteart_org_itc.PMD 1 07/2008	IDAHO SECRETARY OF STATE 03/03/2009 05:00 CK: 2384_CT: 234689 BH: 115942	

CK: 2384 CT: 234689 BH: 1159425 1 0 180.00 = 180.00 ORBAN LLC # 2

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