

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY | 11 AUG -9 AM 8: 28

(Instructions on back of application)

(	SECELL BY OF STATE
1. The name of the limited liab	oility company is: STATE OF IDAHO
	127 East State Street LLC
408 E 41st, Boise, ID 83714	iling addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street a	address)
3. The name and complete stre	eet address of the registered agent:
Dan Todd	408 E 41st, Boise, ID 83714
(Name)	(Street Address)
company:  Name  Deniel Todd	Address 409 E 41st Poice ID 92714
Daniel Todd	408 E 41st, Boise, ID 83714
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<u>-</u>	orrespondence (annual report notices):
408 E 41st, Boise, ID 83714	
i. Future effective date of filing	(antional):
. Future enective date or liling	(Optional).
ignature of a manager, mem	nber or authorized
.g.,	
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