

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 MAR 18 AM 8: 09

SECRETARY

(Instructions on back of application)

| The name of the limited liability compar | ny is: STATE OF IDAHO |
|--|---|
| You Sh | nould Know LLC |
| 2. The complete street and mailing addres | ses of the initial designated/principal office: |
| 925 N. 18th E., Mo | ountain Home Idaho 83647 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| 3. The name and complete street address | of the registered agent: |
| Jennika L. Zenner | 925 N. 18th E., Mountain Home Idaho 83647 |
| (Name) (S | treet Address) |
| The name and address of at least one r company: | member or manager of the limited liability |
| Name Jennika L. Zenner | 925 N. 18th E., Mountain Home Idaho 83647 |
| Jennika L. Zenner | 02014. 10th L., Woodhall 1.0th 1.0th |
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| | |
| 5. Mailing address for future corresponder | nce (annual report notices): |
| | ountain Home Ideno 83647 |
| | |
| 6. Future effective date of filing (optional): | |
| | |
| Signature of organizer(s). (An organizer is a me | mber, or is |
| cting in behalf of a member or members). | |
| 1 , , | Secretary of State use only |
| Signature | ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Typed Name: Jennika L. Zenner | |
| | W 3 2 3 8 |
| Signature | CX: 1901 CT: 219904 BH: 1161617 |
| Typed Name: | 6 8 * * * * * * * * * * * * * * * * * * |