

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 11 PM 1: 10

	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
1 800 SUPS LLC	
2. The complete street and mailing addresses of the	
(Street Address)	OP NAMPA, to 83686
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
COLON DRAPER 195 w-1	DATIVITA LOOP NAMPA- 29 83686
The name and address of at least one member or manager of the limited liability company:	
COLTON DRAPER 1585 W.	OAROM LODP NAMPA, ID 83686
5. Mailing address for future correspondence (annual report notices):	
1505 W. DAMOTA LUSP, NAMPA TO 83686	
6. Future effective date of filing (optional):	
o. I didie enective date of filing (optional).	
Signature of a manager, member or authorized person.	
person.	Secretary of State use only
Signature CALTIN DRAFER	IDAHO SECRETARY OF STATE
Typed Name: Lours Drakes	09/11/2014 05:00 CK:2211126 CT:172099 BH:1440908
Signature	10 100.00 = 100.00 ORGAN LLC #2
Typed Name:	W42076

cert\_org\_lic Rev. 07/2010

9/21/2012