

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

FILED EFFECTIVE

(Instructions on back of application)

10 JUL -8 PM 3: 16

STATE OF IDAHO

1.	The name of the limited liability con	mpany is:	STATE OF IDAHO
	Во	ise River Capital, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	4536 N. Torridon Way (Street Address) Boise, ID 83702		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Douglas Joseph (Name)	4536 N. Torridon Way, Boise (Street Address)	, ID 83702
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Addı	
	Douglas Joseph	4536 N. Torridon Way, Boise, ID 83702	
5.	Mailing address for future correspondence (annual report notices): 4536 N. Torridon Way, Boise, ID 83702		
6.	Future effective date of filing (optional):		
	nature of a manager, member or son.		
Sia	Reture	S	ecretary of State use only
_	ped Name: Douglas Joseph		
Sig	nature		IDAHO SECRETARY OF STATE
Тур	ed Name:		07/08/2010 05:00 CK: 473097 CT: 172099 RH: 1229879

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