

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08 JUL 15 AM 8:50

SECRETARY OF STATE OF IDAHO

| The complete street address, and n principal office: | nailing address if different, of the initial designated/ |
|---|---|
| 9740 W Fairview Ave Boise ld 83704 | |
| The name of the commercial registe address of the non-commercial regi | ered agent; or the name and complete street istered agent: |
| KELLI SHAFFER 11461 I | HIGHLANDER BOISE ID 83709 |
| . The name and address of at least o | one member or manager of the limited liability |
| company: | <u>Address</u> |
| Kelly Shreves | 1084 New York St Middleton Id 83644 |
| Kelli Shaffer | 11461 W Highlander Boise Id 83709 |
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| | |
| i. Mailing address for future correspo | ondence (annual report notices): St Middleton TD 836,44 |
| | |
| Future effective date of filing (option) | onal): |
| ignature of an organizer(s). (An organiz | rer is a member, |
| members). | Secretary of State use only |
| ignature Kolly Skrewed | IDAHO SECRETARY OF STA OT/15/2008 05 CK: 4186 CT: 227853 BH: 1 1 0 100.00 = 100.00 DRGAN |
| yped Name: Kelly Shreves | TRAIN OF OPERADU OF OTA |
| | 19840 SECRETARY OF STA 07/15/2008 05 |
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