

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 OCT 22 AM II: 27

W M S	(mstructions of	n back of application)	SECRETARY OF STATE
1. The na	me of the limited liabil	lity company is:	STATE OF IDAHO
Interna	tional Women Business Ov	wners, LLC	
	mplete street and mail	ing addresses of the initial d	esignated office:
(Street A	ddress)		<u> </u>
(Mailing /	Address, if different than street ac	idress)	····
3. The nar	me and complete stree	et address of the registered a	agent:
Thoma	s E Drain	2286 E Halsey Dr Eagle, ID 83616	
(Name)	<u> </u>	(Street Address)	
4. The nar		east one member or manage	er of the limited liability
	<u>Name</u>		Address
Patricia	Noel Drain	2286 E Halsey Dr Eagle	e, ID 83616
Thomas	s E Drain	2286 E Halsey Dr Eagle, ID 83616	
	address for future corr Halsey Dr Eagle, ID 83616	respondence (annual report	notices):
6. Future e	effective date of filing (optional):	
Signature of person.	of a manager, memb	per a r authorized	
	1/		Secretary of State use only
Signature	- Car		
Typed Name	E. Thomas E Drain		
0'			IDAHO SECRETARY OF STATE
			10/22/2013 05:00 CK: 1245 CT: 288829 BH: 139498
Typed Name	۵.	l	1 0 100.00 = 198.00 DPCAN F #

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