

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAR 31 PM 1: 24

(the state of the s
. The name of the limited liability cor	npany is:	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing ad 1693 S. Spring Valley Ln. Suite 100 Me		designated office:
(Streef Address) PO Box 329 Meridian, Idaho 83680 (Mailing Address, if different than street address)		
. The name and complete street add	ress of the registered	agent:
Brett Simmons	584 E. Whitehall St. M	leridian, Idaho 83642
(Name)	(Street Address)	
The name and address of at least of company: Name Allison Simmons	one member or mana 584 E. Whitehall St. M	Address
Brett Simmons	584 E. Whitehall St. M	Meridian, Idaho 83642
5. Mailing address for future correspo	ndence (annual repor	t notices):
PO Box 329 Meridian, Idaho 83642		
Future effective date of filing (option	nal):	
Signature of a manager, member or erson.	authorized	2
ignature Tolk Numar	8	Secretary of State use only STATE 03/31/2015 05:00
yped Name: Brett Simmons	1	K:CASH CT:177061 BH:146

WH 9825

Signature_____

Typed Name: _____