

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 APR -7 AM 10: 20

Ĥ	(Instructions or	n back of application	SECRETARY OF ATTI
1.	The name of the limited liabili	ty company is:	SECRETARY OF STATE STATE OF IDAHO
		Defining Line Propertie	
2.	The complete street address, principal office:	and mailing address	if different, of the initial designated
	2298	B Croft St., Idaho Falls, Id	laho 83401
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
	Davin Hanson	2298 Croft St., Ida	aho Falls, Idaho 83401
\$.	The name and address of at least one member or manager of the limited liability company:		
	Name		<u>Address</u>
	Amy Hanson 229		roft St., Idaho Falls, Idaho 83401
	Davin Hanson	2298 C	roft St., idaho Falls, idaho 83401
_			
5 .	Mailing address for future correspondence (annual report notices): 2298 Croft St., Idaho Falls, Idaho 83401		
	2298	Croπ St., Idano Falls, Id	ano 83401
š	Future effective date of filing (d	optional).	
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ign	nature of an organizer(s). (An org	janizer is a member,	
	acting in behalf of a required, and ex	isting, initial member	Consider of Chata and only
: I IIE	embers).	OWA	Secretary of State use only
ian	ature	ZOOM COM Inc	
	d Name Karla Figueroa i egal	Zoom com Inc	

IDAHO SECRETARY OF STATE

@4/07/2010 955 206

CK: 433555 CT: 167623 MH: 1216596

1 0 100.00 = 100.00 ORGAN LLC # 2
1 0 20.00 = 20.00 EXPEDITE C # 3

492189