

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUL 18 PM 3: 01

(Instructions on back of application)				SECRETARY OF ASIE	
SECRETARY OF STATE OF IDAHO  1. The name of the limited liability company is:  STATE OF IDAHO					
<b>~</b> -	Controls, LL	•			
	e street and mailing add		ial design	nated office:	
•	'Admiral Way				
(Street Address)	<del>- 2.00 (()</del>	700.00			
(Mailing Address,	if different than street address)				
3. The name an	nd complete street addr	ess of the registe	red agent	t	
ZOBER (Name)	T D SIMONS	(Street Address)	4 dmire	al Way Namper ID	
4. The name ar company:	nd address of at least o	ne member or ma	nager of	the limited liability	
_	<u>Name</u>		Addre	. 1	
KOBERT	DSIMONS	18334 A	dura/	Way Nampa 11)	
5. Mailing addre	ess for future correspor	idence (annual re	port notic	es):	
100-	Admiral way			·	
	ive date of filing (option	•			
· ·	manager, member or	authorized			
person.	•	•	Se	ecretary of State use only	
Signature 17	Carl .				
Typed Name: _1	2015 SIMONS				
Signature Typed Name:			IDAHO SECRETARY OF STATE  07/18/2013 05:00  CK: 1482513 CT: 172099 BH: 1382651 1 0 100.00 = 100.00 ORGAN LLC # 2		

cert oro lic Rev 07/2010