

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 SEP 14 PM 4: 03

(Instructions on back of application)

		OUT STATE
1. The name of the limited liability co	ompany is:	STATE OF IDAHO
	Goal Boise LLC	
. The complete street and mailing a	ddresses of the initial desi	gnated/principal office:
(Street Address)		
(Mailing Address, if different than street address)		
. The name and complete street ad	dress of the registered age	ent:
Tim Hopkins	1582 Shenandoah Dr, Boise ID 83712	
(Name)	(Street Address)	
company:  Name  Tim Hopkins	Ad 1582 Shenandoah Dr Boise	<u>dress</u> e, ID 83712
<ol> <li>Mailing address for future corresp</li> </ol>	ondonos /annual roport no	tices):
Goal Boise LLC 1582 Shenandoah Dr	•	uoco).
Goal Boise LLC 1562 Sheriandoan Of	30186, 10 03/12	
Future effective date of filing (enti-	anai\·	
. Future effective date of filing (opti-		
ignature of a manager, member of	or authorized	
erson.		Secretary of State use only
ignature / im Ash d.		
yped Name: Tim Hopkins, Jr		
ypod Harrio.		
ignature		
yped Name:		IDAHO SECRETARY OF STATE
JPOG Hamo.	<del></del>	CK: 1062 CT: 262454 BH: 129

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