FILED EFFECTIVE

	CERTIFICATE OF		
	(Instructions on back	k of application)	SECRETARY OF STATE
1. The name of the limited liability company is:			STATE OF IDAHO
	B	lue International, LLC	
2. The complete street and mailing addresses of the initial designated/principal office: 2621 N. Arrow Wood Way, Meridian, ID 83646			
(S	treet Address)	MEANENE MARINE, MERENKE EI (
(M	failing Address, if different than street address)	·····	
3. The name and complete street address of the registered agent:			
1	Lisa Michelle Schmidt	2621 N. Arrow Wood Way, Meridian, ID 83646	
(N	lame)	(Street Address)	
4. Th coi	ager of the limited liability		
	Name		Address
_	Lisa Michelle Schmidt	2621 N. APP	row Wood Way Meridian
	••••••	<u>ID 83646</u>	
	••••••••••••••••••••••••••••••••••••••		
	· · · ·		
5. Ma	iling address for future correspon 2621 N. Arrow	ndence (annual repo v Wood Way, Meridian, II	•
6. Fut	Future effective date of filing (optional):		
	ure of organizer(s). (An organizer is a behalf of a member or members).	a member, or is	Secretary of State use only
Signatu	ire Lizz Salut	CPMO	Secretary of State use only
	Name: Lisa Michelle Schmid	dt t	
Signatu	Ire	LC forms 07/2008	IDAHO SECRETARY OF STATE
Signature			
		B	

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