







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004521665

Date Filed: 12/8/2021 8:05:00 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |  | Standard (filing fee \$100)   |  |
|--|--|---|--|
| 1. Limited Liability Company Name  |  |   |  |
| Type of Limited Liability Company  |  | Limited Liability Company   |  |
| Entity name  |  | BLi Fusion LLC  |  |
| The complete street address of the principal office is:     Principal Office Address   |  | 418 E LAKESIDE AVE<br>SUITE 116<br>COEUR D ALENE, ID 83814-2813   |  |
| 3. The mailing address of the principal offi   | ce is:   |   |  |
| Mailing Address  |  | 418 E LAKESIDE AVE<br>STE 116<br>COEUR D ALENE, ID 83814-2813   |  |
| 4. Registered Agent Name and Address   |  |   |  |
| Registered Agent   |  | Registered Agent Paul Finman Physical Address: 418 E LAKESIDE AVE SUITE 116 COEUR D ALENE, ID 83814-2813 Mailing Address: 418 E LAKESIDE AVE STE 116 COEUR D ALENE, ID 83814-2813 |  |
| I affirm that the registered a   | gent appointed has consented t                         | o serve as registered agent for this entity.  |  |
| Name   |  | Address   |  |
| Paul F Finman  | 418 E LAKESIDE AVE<br>SUITE 116<br>COEUR D ALENE, ID 8 | 418 E LAKESIDE AVE  |  |
| Signature of Organizer:  |  |   |  |
| Paul F Finman  |  | 12/08/2021  |  |
| Sign Here  |  | Date  |  |