

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 10 AM 9: 02

. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
Harlequinn LLC			
The complete street and mail 280 E. Corporate Dr Ste. #140 Mr	_	nitial designated office:	
(Street Address) 353 W. Galvani Dr Meridian, ID 8	3642	· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street a			
The name and complete stree	et address of the regis	tered agent:	
Holly Ciccarello	353 W. Galvani	353 W. Galvani Dr Meridian, ID 83642	
(Name)	(Name) (Street Address)		
The name and address of at company: Name Michael J Bean		Address Ave Boise, ID 83706	
Holly Ciccarello	353 W. Galvani	353 W. Galvani Dr Meridian, ID 83642	
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		·	
	•		
Mailing address for future cor 353 W. Galvani Dr Meridian, ID 8	- ·	report notices):	
Future effective date of filing	(optional):		
gnature of a manager, mem rson.	Der or authorized		
. D. D.	0 %	Secretary of State use only IDAHO SECRETARY OF STATE	
gnature Wally Glassoff	ex	02/10/2015 05:00	
ped Name: Holly Ciccarello		CK:CASH CT:306274 BH:14611 16 100.00 = 100.00 ORGAN LL	
gnature A			
ped Name: Michael J Bean		W147649	
		VV V L 196 C/	

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