

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

O9 JUL 24 AM II: 02
SECRETARY OF STATE
STATE OF IDAHO

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. The name of the limited liability company	* • • •
Robar-Petra	a-Team1, LLC
2. The complete street and mailing addresses	s of the initial designated/principal office:
	e, Boise, ID 83705
(Street Address)	
1097 North Rosario St (Mailing Address, if different than street address)	treet, Meridian, ID 83642
3. The name and complete street address of	the registered agent:
Barry Fitzgerald	724 Vista Avenue, Boise, ID 83705
(Name) (Street	t Address)
 The name and address of at least one mer company: Name 	Address
Barry Fitzgerald	724 Vista Avenue, Boise, ID 83705
5. Mailing address for future correspondence	(annual report notices): reet, Meridian, ID 83642
1007 HOIGH NOBALIO OU	TOO, MOUNTINE OUTE
6. Future effective date of filing (optional):	
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ignature of organizer(s). (An organizer is a membe	er, or is
cting in behalf of a member or members).	Secretary of State use only
Signature Barry Fitzgerald	W 85659
yped Name: Barry File gefaid	IDAHO SECRETARY OF STATE 07/24/2009 05:0
Signature	
'vned Name'	E