Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

2012 AUG 10 PM 12: 47 (Instructions on back of application) 1. The name of the limited liability company is: Cole & Cole LLC The complete street and mailing addresses of the initial designated office: 5549 S Alyssum Place, Boise, ID 83716 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: 5549 S Alyssum Place, Boise, ID 83716 Aron Cole Mock (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address <u>Name</u> Aron Cole Mock 5549 S Alyssum Place, Boise, ID 83716 5. Mailing address for future correspondence (annual report notices): 5549 S Alyssum Place, Boise, ID 83716 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature / Typed Name: Aron Cole Mock Signature

1DAHO SECRETARY OF STATE

28/12/2012 05:00

CK: 1889 CT: 273179 BH: 1335471

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