



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

OCT 24 AM 10:14

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability company is: STATE OF IDAHO

Box Ship or Store, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

247 North 1st East, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Cody Howard

(Name)

247 North 1st East, Rexburg, ID 83440

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddressCody Howard247 North 1st East, Rexburg, ID 83440

5. Mailing address for future correspondence (annual report notices):

247 North 1st East, Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Cody HowardTyped Name: Cody Howard

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2011 05:00
CK: 13917 CT: 67250 BH: 1295368
1 @ 100.00 = 100.00 ORGAN LLC # 2

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