



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 MAY 27 PM 3:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

A Rae of Sunshine LLC

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

P.O. Box 15012 Boise Idaho 83715

(Street Address)

2705 S. Inglewood Road Boise, Idaho 83705

(Mailing Address, if different than street address)

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

Susan Crump

(Name)

2705 S. Inglewood Road

(Street Address)

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

**Name**

**Address**

Susan Crump

2705 S. Inglewood Road

Daniel Crump

2710 S. Inglewood Road

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

P.O. Box 15012 Boise Idaho 83715

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Daniel Crump

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/27/2015 05:00

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