

Signature _

Typed Name:

Sterling/Crawførd

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEC 28 FIT 4: 42

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. The name of the limited lia	bility company is:	STATE OF IDAHO	
	ADOS LLC	***************************************	
The complete street and ma		al designated/principal office:	
(Street Address)			
(Mailing Address, if different than stree	t address)		
. The name and complete st	reet address of the register	ed agent:	
Austin K. Schmitz	1880 Ada St Boise	1880 Ada St Boise Idaho 83702	
(Name)	(Street Address)	(Street Address)	
. The name and address of a company: Name	at least one member or ma	nager of the limited liability Address	
Sterling Crawford	1918 N Fawnwood	1918 N Fawnwood Ct Nampa Idaho 83687	
Austin K. Schmitz	1880 Ada St Boise	1880 Ada St Boise Idaho 83702	
Addut N. Ooliinta			

	<u> </u>		
5. Mailing address for future o	correspondence (annual re	port notices):	
1880 Ada St Boise Idaho 8370		,	
10007184 01 20100 184110 0010			
6. Future effective date of filir	ng (optional):		
Signature of a manager, me	ember or authorized		
person.		Secretary of State use only	
Signature /			
Signature <u>Austin K. Schmitz</u> Typed Name: <u>Austin K. Schmitz</u>	1	IDAHO SECRETARY OF STA	
// / /		12/29/2010 05 CK: 572966 CT: 172899 pg.	
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