

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

09 SEP 22 AM 8: 21

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: LLCTimeless Legacy The complete street and mailing addresses of the initial designated/principal office: 1224 E. Washington Street, Boise, Idaho 83712 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Deborah Norris 1224 E. Washington Street (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address **Quincy Norris** 1224 E. Washington Street, Boise, Idaho 83712 5. Mailing address for future correspondence (annual report notices): 1224 E. Washington Street, Boise, Idaho 83712 6. Future effective date of filing (optional): _ Signature of organizer(s). (An organizer is a member, or is acting in behalf of a prember or members). Secretary of State use only Signature__ W 87092 **Deborah Norris** Typed Name: Signature .

Quinca

Typed Name