

## CERTIFICATE OF ORGANIZATION EFFECTIVES

14 18			. 10 MOS - 2 M Witt 8
TOP	(Instructions on b	ack of application)	LUNCJAN OF STATE
. The n	ame of the limited liability	company is:	STATE OF IDAHO
	·	leforming Every Body, LLC	· · · · · · · · · · · · · · · · · · ·
 . The c			designated/principal office:
	. Holly St., Boise, ID 83712	addresses of the fillian	designated/principal office.
(Street	Address)		
	. Holly St., Boise, ID 83712 Address, if different than street address	28)	
	ame and complete street a		d agent:
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			a agv
	Jo John	813 E. Holly St., Bois	e, ID 83712
(Name		(Street Address)	
Thom	ome and address of at leas	ot ana mambar ar masa	ager of the limited liability
t. The na	ame and address of at leas	stone member of mana	ager of the inflited hability
	<u>Name</u>		Address
Sara	Jo John	813 E. Holly St., Bois	e, ID 83712
-			
	, , , , , , , , , , , , , , , , , , , ,		
o. Mailin	g address for future corres	pondence (annual repo	ort notices):
813 E	. Holly St., Boise, ID 83712		
<del></del>			
S. Future	effective date of filing (op	tional):	
	5 ( )	, <del></del>	
-	of a manager, member	or authorized	
erson.	Λ		Secretary of State use only
ignature	Sand.	_	
		1010	
yped Naji	ile: <u>Joktok</u> Jo	DON (NT	IDAHO SECRETARY OF STATE
			11/03/2010 05:00 CV: 543102 CT: 172099 RM: 124581
Signature			1 8 199 98 = 109 99 DRGAN LLC #

W97695

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