

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 Jul. 1-

LIMITED LIABI (Instructions on b	LITY COMPAN ack of application)	AM 9: no
1. The name of the limited liability	company is:	SECRETARY OF STATE
SURVIVE AND THRIVE RESILIENCE L	.C	- 10
2. The complete street and mailing	addresses of the initia	al designated/principal office:
280 NORTH 8TH STREET, APT 309. BC (Street Address)	DISE, ID 83702	
(Mailing Address, if different than street addre	ss)	
3. The name and complete street a	ddress of the register	ed agent:
Lane Lamoreaux	amoreaux 280 NORTH 8TH STREET APT 309, BOISE, ID 83702	
(Name)	(Street Address)	
<ol> <li>The name and address of at least company:</li> </ol>	st one member or mai	nager of the limited liability
Name		Address
Lane Lamoreaux	280 North 8th Street	Apt 309. Boise, ID 83702
	·	
<ol><li>Mailing address for future corres</li></ol>	pondence (annual rep	ort notices):
280 NORTH 8TH STREET, APT 309. BC	DISE, ID 83702	
6. Future effective date of filing (op	tional):	
Signature of organizer(s). (An organize acting in behalf of a member or members).	r is a member, or is	
	-	Secretary of State use only
Signature // VIAMU & UF Typed Name: MARSHA SIHA	Office of the state of the Company o	
Signature	.C. (9msk	IDAHO SECRETARY OF STATE 07/13/2015 05:00
Signature Typed Name:	Thems.	CK:34899 CT:187501 BH:148

1@ 100.00 = 100.00 ORGAN LLC #2