p.1

	CERTIFICATE C		340 DEA A L DH A. AA
ST OF	(Instructions or	n back of application)	SECRETARY OF STATE
1. The	e name of the limited liabil	ity company is:	STATE OF IDAHO
M	loxie Computing, LLC.		
2	e complete street and mail 12 N First Ave. G100 Sandoint, treet Address)	-	nitial designated office:
(M	lailing Address, if different than street a	idress)	
3. Th	e name and complete stree	et address of the regis	stered agent:
M	Mike Forker 212 N First Ave. G100 Sandpoint, I		. G100 Sandooint, ID 83864
	lame)	(Street Address)	
	mpany: <u>Name</u> like Forker	212 N First Ave	Address . G100 Sandpoint, ID 83864
-			
	ailing address for future cor 12 N First Ave. G100, Sandpoir		report notices):
6. Fu	ture effective date of filing	(optional):	
Signat persor	ure of a manager, mem	ber or authorized	
Signat	ura Mille		Secretary of State use only
-	Name: <u>Mike Forker</u>	<u> </u>	IDAHO SECRETARY OF STATE
Signat	ure		12/31/2014 05:00 CK:2463870 CT:172099 BH:1455
	Name:		10.00 = 100.00 DRGAN LLC 10.00 = 20.00 EXPEDITE C
2012		cert_org_lic Rev. 07/2010	<u>^</u>

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