

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIV

08 OCT 10 AM 8: 52

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited lial	bility company is:	SIAI	E OF IDAHO
	THE QUANG FOUNI	DATION, LLC	
2. The complete street and ma	•	the initial designated/pri 0, Twin Falls, ID 83301	ncipal office:
(Street Address)	PO Box 5827, Twin F	alls. ID 83303	
(Mailing Address, if different than street			
3. The name and complete str	reet address of the	registered agent:	Experience of Asserts
Steven D. Peterson	161 5th A	venue South, Suite 310, Twir	Falls, ID 83301
(Name)	(Street Addr	ess)	
4. The name and address of a company:	at least one membe	r or manager of the limit	ed liability
Name		Address	
Mark Lindoo	2	2717 Marilyn Dr, Eau Claire, WI 54701	
	:		
·		l a contra d'a a A	
Mailing address for future c	•	- · · · · · · · · · · · · · · · · · · ·	
	PO Box 5827, Twin F	alis, ID 65505	
6. Future effective date of filin	a (ontional):		
o. I utare enective date or imit	ig (optional)		
ignature of organizer(s). (An org	ranizarie a mambar or	ie	
cting in behalf of a member or member		· .	
ignature Steva	o. fik	Secretary of S	tate use only
Typed Name: STEVEN D. PETERSON			ent gan en ministra e best die e e in en de de de e e e e e e e
, pos 11011101		masker 08	
ignature		Storms Cord. Commiscord. Cord. Scribble Cord. Co	O SECRETARY OF STATE 0/2008 05:00
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