



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 OCT -8 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Eleven Technology, LLC

2. The complete street and mailing addresses of the initial designated office:

439 E. Shore Drive STE 100 Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Capital Eleven LLC

(Name)

439 E. Shore Drive STE 100 Eagle, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Capital Eleven LLC

Address

439 E. Shore Drive STE 100 Eagle, ID 83616

5. Mailing address for future correspondence (annual report notices):

439 E. Shore Drive STE 100 Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Travis Hawkes

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
10/08/2013 05:00
CK: 1047 CT: 275744 BH: 1393287
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