



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2013 OCT -8 AM 9:25

(Instructions on back of application)

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**

**Address**

Capital Eleven LLC

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

Signature

Typed Name:

Secretary of State use only

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10/08/2013 05:00  
CK: 1847 CT: 275744 BH: 1393207  
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