

Typed Name: ___

CERTIFICATE OF ORGANIZATION 11 SEP 16 PM 3: 11 LIMITED LIABILITY COMPANY

LLUNETARY OF STAIL STATE OF IDAHO

(Instructions on back of application) 1. The name of the limited liability company is: Sami Company L.L.C. 2. The complete street and mailing addresses of the initial designated/principal office: 1517 W. Crescent Ct. Meridian, ID 83646 (Street Address) (Mailing Address, If different than street address) 3. The name and complete street address of the registered agent: Allison Staley 1517 W. Crescent Ct. Meridian, ID 83646 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> Allison Staley 1517 W. Crescent Ct. Meridian, ID 83646 Ryan Staley 1517 W. Crescent Ct. Meridian, ID 83646 5. Mailing address for future correspondence (annual report notices): 1517 W. Crescent Ct. Meridian, ID 83646 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature 1 Typed Name: Allison Staley IDAHO SECRETARY OF STATE Signature

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CK: 193 CT: 262523 BH: 1290762 1 0 100.80 = 100.00 ORGAN LLC # 2

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