

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 30 PM 2: 02

The name of the limited liability cor	mpany is:	SECRETARY OF STATE STATE OF IDAHO	
The complete street and mailing ad 422 Summer ct.	dresses of the ini	itial designated office:	
(Street Address) Nampa, ID. 83686 (Mailing Address, if different than street address)			
The name and complete street add	ress of the registe	ered agent:	
Jason Snodgrass	422 Summer ct.		
(Name)	(Street Address)		
Shawnna Snodgrass		422 Summer ct. Nampa, ID. 83686	
Jason Snodgrass		Address Nampa, ID. 83686	
		•	
Mailing address for future correspondance of the Mailing address for future correspond	ndence (annual r	eport notices):	
Future effective date of filing (option	nal):		
nature of a manager, member or son.	r authorized		
		Secretary of State use only IDAHO SECRETARY OF STAT	
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10/30/2014 05:00

CK:2326636 CT:172099 BH:1447448 10 100.00 = 100.00 ORGAN LLC #2

Typed Name: Shawnna Snodgrass

Signature_

Typed Name:

Jason Snodgrass

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