



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

NOV -7 AM 9:11

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Halfblind LLC.

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

2630 E Lincoln Rd. Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

David Kenneth Anderson

(Name)

2630 E Lincoln Rd. Idaho Falls, ID 83401

(Street Address)

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

**Name****Address**

David Kenneth Anderson

2630 E Lincoln Rd. Idaho Falls, ID 83401

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

2630 E Lincoln Rd. Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: David Kenneth Anderson

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 11/07/2011 05:00  
 CK: 659485298 CT: 263962 BH: 1297176  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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