



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 OCT 22 AM 9:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SDM2 LLC

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

4462 S TRAILRIDGE AVE, BOISE, ID 83716

(Street Address)

488 E LAKE RIM LN, BOISE, ID 83716

(Mailing Address, if different than street address)

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

CHERYL BOYER

(Name)

488 E LAKE RIM LN, BOISE, ID 83716

(Street Address)

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

Name

CHERYL BOYER

Address

488 E LAKE RIM LN, BOISE, ID 83716

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

488 E LAKE RIM LN, BOISE, ID 83716

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

Signature of a manager, member or authorized person.

Signature Cheryl Boyer
Typed Name: CHERYL BOYER

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
10/22/2012 05:00
CK: 4428 CT: 275439 BH: 1344618
1 @ 100.00 = 100.00 ORGAN LLC # 2

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