

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY - 1 AM 8: 06

(Instructions on back of application)

SECRETARY OF STATE

(STATE OF IDAHO
1. The name of the limited liability of	· · · · · · · · · · · · · · · · · · ·
ldahe	o State Regional Center, LLC
2. The complete street and mailing	addresses of the initial designated/principal office:
,	S Capitol BLVD Ste 1900, Boise, ID 83702
(Street Address)	
(Mailing Address, if different than street address	s)
3. The name and complete street ac	ddress of the registered agent:
Kris Ormseth	101 S Capitol BLVD Ste 1900, Bolse, ID 83702
(Name)	(Street Address)
 The name and address of at leas company: Name 	t one member or manager of the limited liability
Blackhawk Partners, LLC	112 N Third St, McCall, ID 83638

5. Mailing address for future corresp	condence (annual report notices):
	Partners, PO Box 1110, McCall, ID 83638
3. Future effective date of filing (opti	ional):
ignature of organizer(s). (An organizer	is a member, or is
cting in behalf of a members).	
Xii IXI alaaba	Secretary of State use only
signature <u>/ XUV-</u> (/ 9 29 09	TRAND SECRETARY OF STATE
yped Name: Sima Mulel, CEO Blackh	IBMHO SECRETARY OF STATE 100 10
Signature	1 2 28.98 = 29.98 EXPEDITE C
yped Name:	w83594
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