51		FILED EFFECTIVE
	OF ORGANIZATION	
(Instructions	(Instructions on back of application)	
1. The name of the limited liability company is:		STATE OF IDAHO
Tada Web So		
	ailing addresses of the initial des	
(Street Address)	um Way Nampa, Id	83686
(Mailing Address, if different than street	address)	
3. The name and complete stre	eet address of the registered ag	ent:
M. Patrick M. Corner (Name)	(Street Address)	r every Nampa Id 33686
 The name and address of at company: Name 	t least one member or manager	of the limited liability
M. Patrick Milermak		un Way Sampa Id
5. Mailing address for future co	prrespondence (annual report no	tices):
2307 S Mar	war Way Nampo I	2 83686
6. Future effective date of filing	(optional):	
Signature of a manager, mem person.	nber or authorized	
	man	Secretary of State use only
Signature <u>M. Rotellin</u> Typed Name: <u>M. Rotevick</u>	M Germinte	
		IDAHO SECRETARY OF STATE
Signature Typed Name:		02/28/2013 05:00 CK: 1303402 CT: 172099 BH: 1362328 1 @ 100.00 = 100.00 Organ LLC # 2
/2012	cert_org_llc Rev. 07/2010	W122571

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