|                         |                                    | OF ORGANIZ<br>BILITY COM |                | FILED EFFECTIVE<br>2014 APR 18 AM 9: 25      |
|-------------------------|------------------------------------|--------------------------|----------------|--|
| TTO THE                 | (Instructions (                    | on back of applicatio    | n)             | SECRETARY OF STATE                           |
| 1. The name             | e of the limited liab<br>Humble.co | bility company is:       |                | STATE OF IDAHO                               |
| 2. The com              |                                    | illing addresses of th   |                |  |
| (Street Add             | 8941 West SL                       | oan St Boist             | e ID 83        | 3714   |
| (Mailing Add            | lress, if different than street    | address)                 |                |  |
| 3. The name             | e and complete stre                | eet address of the re    | gistered age   | nt   |
|                         | <b>A</b>                           | <b>A</b> 111,11          |                | P P TO CONU                                  |
| <u> </u>                | COLES                              | (Street Address          | s)             | 4 Boise ID 83714                             |
| Robert                  | lawry                              | <u>P.O. 188</u>          | S Haiks        | ID 93333                                     |
|                         | <u> </u>                           |                          |                | <u></u>                                      |
| 5. Mailing a            | ddress for future co               | orrespondence (annu      | ual report not | ces):  |
| 89                      | 41 West Stan                       | St Boise II              | 83714          |  |
| 6. Future ef            | fective date of filing             | g (optional):            |                |  |
|                         |                                    |                          |                |  |
| Signature of person.    | a manager, men                     | nber or authorized       |                |  |
| person.<br>(            | <u> </u>                           | <u> </u>                 |                | Secretary of State use only                  |
|                         | Jed 1                              |                          |                | 10AHO SECRETARY OF STATE<br>04/18/2014 05:00 |
| Signature<br>Typed Name | Jored Gles                         |                          | CK: 3          | 029 CT:295853 BH:14209                       |

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Contraction of

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E. N.L.