

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

09 FEB 20 PH 3: 06

SECRETARY OF STATE STATE OF IDAHO

•	855 Lomax, LLC
The complete street and mailin	g addresses of the initial designated/principal office:
855 Bro	ead Street, Suite 300, Boise, ID 83702
(Street Address)	
(Mailing Address, if different than street address	ress)
. The name and complete street	address of the registered agent:
Steven H. Cannariato	855 Broad Street, Suite 300, Boise, ID 83702
(Name)	(Street Address)
. The name and address of at lea	ast one member or manager of the limited liability
Name	Address.
Steven H. Cannariato	855 Broad Street, Suite 300, Boise, ID 83702
. Mailing address for future corre	espondence (annual report notices):
855 Bros	ad Street, Suite 300 , Boise, ID 83702
. Future effective date of filing (o	optional):
ignature of organizer(s). (An organiz ting in behalf of a member or members)	
CIIII	Secretary of State use only
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