## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 JUL 19 AM 9: 21

(Instructions on back of application)

T II	(instructions on pac	k of application)	OFFICE STORES
1.	The name of the limited liability co	mpany is:	SECRE ARY OF STATE STATE OF IDAHO
	Pro	Con Investments, LLC	01 10/4/0
2.	The complete street and mailing addresses of the initial designated/principal office: 1990 North 4000 West, Dayton, ID 83232		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Brad Shurtliff	1990 N 4000 W, Dayto	n, ID 83232
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Brad Shurtliff	1990 N 4000 W, Dayto	n, ID 83232
5.	Mailing address for future corresponding N 4000 W, Dayton, ID 83232	ondence (annual repor	t notices):
6.	Future effective date of filing (option	onal):	
_	nature of a manager, member o	or authorized	
<b>,</b>		3	Secretary of State use only
_	nature		, <b>, , ,</b> , , , , , , , , , , , , , , ,
Тур	ped Name: Brad Shurtliff		W 94950
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IDAHO SECRETARY OF STATE

07/19/2010 05:00

CK: 1867 CT: 24%97 BH: 1231132
1 2 180.88 = 180.80 ORGAN LLC #

Signature\_\_\_\_

Typed Name: \_\_\_\_\_