

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 29 AM 8: 21

·		
1. The name of the limited liability comp	oany is:	SECRETARY OF STATE
INTERCA	RVE NETWORKS LLC	CORTE OF IDAHO
2. The complete street and mailing addresses of the initial designated/principal office:		
2821 HEATHER PLACE, BOISE, IDAHO 83702		
(Street Address) PO BOX 2084, BOISE, IDAHO 83701		
(Mailing Address, if different than street address)		
3. The name and complete street address of the registered agent:		
BRIAN J. COHEN	2821 HEATHER PL	ACE, BOISE, IDAHO 83702
(Name)	(Street Address)	
The name and address of at least one company:	e member or manag	
<u>Name</u>	0004 UEATUED DI	Address
BRIAN J. COHEN (MANAGING MEMBER	RIAN J. COHEN (MANAGING MEMBER 2821 HEATHER PLACE, BOISE, IDAHO 83702	
 Mailing address for future correspondence (annual report notices): INTERCARVE NETWORKS LLC, PO BOX 2084, BOISE, IDAHO 83701 		
6. Future effective date of filing (optiona	1):	
Signature of organizer(s). (An organizer is a macting in behalf of a member or members).		Secretary of State use only
Signature In (d)	- IIc.PM(
Typed Name: BRIAN J. COHEN	 ਮੁਕਾ ਹਿਲ	TRANS CEPOETARY OF STATE
Signature	≅ %	IDAHO SECRETARY OF STATE 06/29/2010 05:00 CK: 1072 CT: 249265 BH: 1228606 1 & 100.00 = 100.00 ORGAN LLC #
Typed Name:	g:\corp\fo	W 94496