

Signature___

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 NOV -5 AM 8: 17

(Instructions on back of application)

·	SECHED-OF STATE
 The name of the limited liability of 	SECHEMAN OF STATE company is: STATE OF IDAHO
	CODE-TWO.COM, LLC
•	addresses of the initial designated/principal office:
(Street Address)	(1506, CALDWELL, IDAHO 83606
(Mailing Address, if different than street address	8)
3. The name and complete street a	ddress of the registered agent:
LADAWN MARSTERS	2075 NORTH 13TH STREET, BOISE, IDAHO 83702
(Name)	(Street Address)
 The name and address of at leas company: Name 	st one member or manager of the limited liability Address
ERON SLOAN	P.O. BOX 1506, CALDWELL, IDAHO 83606
5. Mailing address for future corresp	pondence (annual report notices): (1506, CALDWELL, IDAHO 83606
6. Future effective date of filing (opt	tional):
ignature of organizer(s). (An organizer ting in behalf of a member or members).	
122	Secretary of State use only
ignature	N IDAHO SECRETARY OF STATE
yped Name:ERON SLOAI	N [8]
	IDAHO SECRETARY OF STATE

