

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 FEB 13 PM 1:57

C. F.	(Instructions on bac	k of application	on)	WALLARY OF STAT
1.	The name of the limited liability company is:		STATE OF IDAHO	
	Life Simplifeyed LLC			
2.	The complete street and mailing ac 3223 North Campton Way Boise ID 837		e initial designated	d office:
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Don David Williams III		pton Way Boise ID 83	713
	(Name)	(Street Address	3)	
4.	The name and address of at least company:	one member o	or manager of the	limited liability
	<u>Name</u>		<u>Address</u>	
	Don D. Williams III	3223 N Campton Way Boise ID 83713		
	Deven R. Davis	3223 N Campton Way Boise ID 83		713
				
				
5.	Mailing address for future correspondence (annual report notices):			
	3223 N Campton Way Boise ID 83713			
6.	Future effective date of filing (optional):			
Sign	nature of a manager, member or	r authorized		
port	₹		Secretar	y of State use only
_	nature T			
Тур	ed Name: Don David Williams III		i da	O SECRETARY OF STATE
Siar	, nature		CX: 982411 1 0 100.00	3/2012 05:00 CT: 172099 BH: 1310444 = 100.00 ORGAN LLC # 2
	natureed Name:ed			
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