

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

11 SEP -8 AM 9: 15

1. The name of the limited liability company is:
1. The name of the limited liability company is: SECTION STATE SIZ 45 ICALIO
2. The complete street and mailing addresses of the initial designated/principal office:
(Mailing Address, if different than street address)
The name and complete street address of the registered agent:
Randall MARK Lutchart 2017 Lcadville Ave (Street Address Boxse, Idaho 83700)
The name and address of at least one member or manager of the limited liability company:
Laurie Leigh Luke 2017 Leadville Ave
Boise, Tatho 83 nas
Mailing address for future correspondence (annual report notices):
P.O. Box 312 Boise, Id. 83701
*6. Future effective date of filing (optional): $\frac{1}{2}$
Signature of a manager, member or authorized person.
Secretary of State use only
Typed Name: KANDAC(M, LUKEHART
Typed Name: Durie Leich Luke IDAHO SECRETARY OF STATE BY CARCER 1 95-86

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