

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2814 FEB -5 AM 8-54

1. The name of the limited liability		SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing		
3512 Boulder Ave. (Street Address)	Nampa, ID	83686
(Mailing Address, if different than street address	us)	
3. The name and complete street a	ddress of the reg	jistered agent:
Ruan Cobb (Name)	(Street Address)	er Ave. Nanga, ID 83686
The name and address of at least company:	st one member or	r manager of the limited liability
<u>Name</u>		<u>Address</u>
Byan Cobb	_ 25D Boul	der Ave. Narga, ID 83686
	_	
5. Mailing address for future corres	pondence (annua	al report notices):
2512 Boulder Ave. No	JD E	83686
6. Future effective date of filing (op	tional):	
Signature of a manager, member person.	or authorized	
		Secretary of State use only
Signature Chh		W134001
Typed Name: Ryon Cobb		IDAHO_SECRETARY OF STATE
Signature		92/95/2014 95:00 CK: 649 CT: 269671 BH: 1489257
Typed Name:		1 9 100.00 = 100.00 ORGAN LLC # 2