



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAR 10 AM 10:01

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

COI Authority LLC

2. The complete street and mailing addresses of the initial designated office:

1301 E 17th Street Suite 8 Idaho Falls Idaho 83404

(Street Address)

3270 E. 17th Street PMB 154 Ammon Idaho 83406

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Matt Anderson

(Name)

3070 Cottonwood Lane Rexburg Id. 83440

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name**Address**

Matt Anderson

3070 Cottonwood Lane Rexburg Idaho 83440

Lindsey Anderson

2905 Devonwood Ammon Idaho 83406

5. Mailing address for future correspondence (annual report notices):

3270 E. 17th Street PMB 154 Ammon Idaho 83406

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Lindsey Anderson

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/10/2014 05:00
 CK: 2302 CT: 294112 BH: 1414595
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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