



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 29 AM 10: 25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alison Blake Group, LLC

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

1101 W. River Street

(Street Address)

Boise, ID 83702

(Mailing Address, if different than street address)

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

Alison Blake

(Name)

1101 W. River St. Boise, ID 83702

(Street Address)

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

Name

Address

Alison Blake

1101 W. River St. Boise, ID 83702

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

1101 W. River Street, Boise, ID 83702

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

Signature of a manager, member or authorized person.

Signature Alison Blake

Typed Name: Alison Blake

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/29/2015 05:00

CK:3952 CT:311803 BH:1481632

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