

Printed Name:

Signature:

Rev. 01/2018

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in duplicate

2018 APR 18 PM 2: 17

SECRETARY OF STATE STATE OF IDAHO

Thrive Moving Company		
(Remember to include th	e words "Limited Liability Company." "Li	mited Company, "or the abbreviations L.L.C., LLC. or LC)
The complete street and ma	ailing addresses of the princip	pal office is:
1709 S. Abbs St. Boise,	ID 83705	
(Street Address)		
Mailing Address, if different)		
The name and complete str	reet address of the registered	agent:
Jacob Clark	1709 S. Abbs St. Boise ID 83705	
Name)	(Address)	
The name and address of a	t least one governor of the lin	nited liability company:
Jacob Clark	1709 S. Abbs St. Boise ID 83705	
Name)	(Address)	
Name)	(Address)	
Name)	(Address)	
Name)	(Address)	
and the second of the second o		
viailing address for future of 1709 S. Abbs St. Boise II	orrespondence (annual repor	t notices):
(Address)	2 63 7 03	
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ure of organizer(s).		
d Name: Jacob Clark		Secretary of State use only
1 1/2/		IDAMO SECRETARY OF STATE
ture:		04/18/2018 05:00
2 on W		CW.00 CM.086486 BU.169807

CK:92 CT:356496 BH:1639073 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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