



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC -8 AM 10:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SUZANNE B. KNIGHTON, LLC

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

7901 SPOON CREEK DRIVE, VICTOR, IDAHO 83455
(Street Address)

(Mailing Address, if different than street address)

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

SUZANNE B. KNIGHTON
(Name)

7901 SPOON CREEK DR, VICTOR, ID 83455
(Street Address)

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

Name	Address
<u>SUZANNE B. KNIGHTON</u>	<u>SAME T</u>
_____	_____
_____	_____
_____	_____

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

SAME AS ABOVE

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

Signature of a manager, member or authorized person.

Signature Suzanne B. Knighton
Typed Name: SUZANNE B. KNIGHTON

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/08/2014 05:00
CK:ND CK#: CT:303897 BH:1452131
1@ 100.00 = 100.00 ORGAN LLC #2

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