



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 OCT 13 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ZAPHIRE LLC

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

549 South 4th West Apt. 27 Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Drew Hollenback

(Name)

549 South 4th West Apt 27

(Street Address)

Rexburg, ID 83440

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

**Name**

**Address**

Drew Hollenback

549 South 4th West Apt 27, Rexburg  
ID 83440

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

549 South 4th West Apt 27 Rexburg ID 83440

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

Typed Name: Drew Hollenback

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

5' coop forms LLC forms/sect Org. JLC.FMD  
Revised 07/2008

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10/13/2009 05:00  
CK: 1846 CT: 241286 BH: 1198658  
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