

## CERTIFICATE OF ORGANIZATION 2015 HAR -2 AM 10: 00

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

(mour	dictoris on back of applicate	STATE OF IDAHO	
The name of the lim	ited liability company is:	· · · · · · · · · · · · · · · · · · ·	
AnnLee LLC			
	and mailing addresses of the	oo initial decianated office:	
2612 S Goshen Way, E	▼	ie imuai designated Onice.	
(Street Address)			
(Mailing Address, if different	ihan straat arkirass)		
-	lete street address of the re	egistered agent:	
Christopher Robinson	2425 Shayla	Place, Pocatello ID 83201	
(Name)	(Street Addres		
Larry Bateman		Address 2612 S Goshen Way, Boise ID 83709	
<del></del>	<del> </del>		
_	uture correspondence (ann	ual report notices):	
2612 S Goshen Way, E	Soise ID 83709		
Euturo offontivo doto	of filing (antique):		
Future effective date	or ming (optional).		
mature of a manage	er, member or authorized		
son.	n, member of authorized		
	3-1-	Secretary of State use only	
nature		1DAHO SECRETARY OF ST. 03/02/2015 05:1	
ped Name: Ln	rry BAteman	CK:2620948 CT:172099 BH	
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rped Name:		141.100.40	

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