

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 29 AM 10: 07

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1. The name of the limited liab	ility company is:	SECRETARY OF STATE STATE OF IDAHO	
Monetize365 LLC			
2. The complete street and ma 540 Bechler St. Saint Anthony, II (Street Address)	_	initial designated office:	
(Mailing Address, if different than street	addros.		
3. The name and complete stre		istered agent:	
o. The hame and complete site	or address of the reg	istered agent.	
Heriberto C Paredes		t. Saint Anthony ID, 83445	
(Name)	(Street Address)		
company:	least one member or	manager of the limited liability	
Name Patrick Anderson	P.O. Box 1913	<u>Address</u> P.O. Box 1913, Chico, CA 95927	
Heriberto Paredes	540 Bechler S	t. Saint Anthony, ID 83445	
5. Mailing address for future co	rrespondence (annua	al report notices):	
540 Bechler St. Saint Anthony, II	O 83445		
Future effective date of filing	(optional):		
Signature of a manager, mem	hor or authorized		
erson.	bei of authorized		
\mathcal{A}		Secretary of State use only	
Signature Heriberto Paredes		1DAMO SECRETARY OF STAT 09/29/2014 05:00	
yped Name: Heriberto Paredes	-	CK:7053006 CT:301579 BH:	
signature Data A	ahen !	16 100.00 = 100.00 ORGAN 16 20.00 = 20.00 EXPEDIT	
yped Name: Patrick Anderson		11421077	
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