

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 NOV -4 AM 10: 22

(IIIstrucuc	ons on back of application		
I. The name of the limited	liability company io:	STATE OF IDAHO	
•	• • •		
The Opportunity HUBLL	<u> </u>		
2. The complete street and	mailing addresses of the	initial designated office:	
601 W Beacon Street, Boise	e ID	_	
(Street Address)			
(Mailing Address, if different than	street address)		
The name and complete	street address of the reg	istered agent:	
Mark Hartenstein	601 W Beacor	601 W Beacon Street, Boise ID 83706	
(Name)	(Street Address)	(Street Address)	
The name and address company:	of at least one member or	manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Mark Hartenstein	601 W Beacor	Street Boise ID 83706	
<u> </u>			
•			
	1		
. Mailing address for futur	•	report notices):	
601 W Beacon Street, Boise	e, ID 83706		
Future effective date of t	iling (optional):		
gnature of a manager, r	nomber or authorized		
erson.	Hember of authorized		
-116	Plan	Secretary of State use only	
gnature Marl 4	>	<u> </u>	
ped Name: Mark Hartenstein		IDAHO SECRETARY OF ST	
ypeu ivame. mark natomitei		11/04/2014 05:	
		CK:165151 CT:295156 BH	
ignature		ic io. co - io. co onga	
vned Name:	**		

W/43974 cert_org_lic Rev. 07/2010