

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2015 OCT 13 AM 10: 43

1		Filing fee: \$100 typed,	\$120 not typed	COLUMN TO AMILIA 49	
		Complete and submit t	he application in <u>duplicate</u> .	SECRETARY OF STATE STATE OF IDAHO	
١.	The name of the limited liability company is:			STATE OF IDAHO	
	THE HUMAN EXPERIENCE LLC				
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)				
3	The comp	The complete street and mailing addresses of the principal office is:			
2.	121 PINEWOOD LANE #6, KETCHUM, ID 83340				
	*	(Street Address)			
	PO BOX 2736, KETCHUM, ID 83340-2736 (Mailing Address, if different)				
	(Mailing Addres	ss, a digeroraj			
3.	The name	The name and complete street address of the registered agent:			
	S. DANA PLASSE		121 PINEWOOD	121 PINEWOOD LANE #6, KETCHUM, ID 83340	
	(Name)		(Address)		
4.	The name and address of at least one governor of the limited liability company:				
	SABINA DANA PLASSE		PO BOX 2736, K	PO BOX 2736, KETCHUM, ID 83340	
	(Name) (Address)				
	JORDAN HAWKES PO BOX 3548, KE		PO BOX 3548, K	ETCHUM, ID 83340	
	(Name)		(Address)		
	(Name) (Ad		(Address)	\ddress)	
	(Name)		(Address)		
5.	Mailing address for future correspondence (annual report notices):				
	PO BOX 2736, KETCHUM, ID 83340				
	(Address)				
Sigi	nature of or	ganizer(s).	ŗ	Secretary of State use only	
<sup>o</sup> rin	ited Name:	SABINA DANA PLA	SSE		
Signature: July Dan Plan				IDAHO SECRETARY OF STATE 10/13/2015 05:00	
				CK:503 CT:315584 BH:1496021	
	O <sup>s</sup>	<b>U</b>		10 100.00 = 100.00 ORGAN LLC #2	
<sup>&gt;</sup> rin	ited Name:				

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Rev. 08/2015

Signature:\_