

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 MAY -2 PM 3:51

<u> </u>	(Instructions on bac	ck of application)	SECRETARY OF STATE
1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
	1	999 Electra Way, LLC	The state of the s
2.	The complete street and mailing addresses of the initial designated/principal office: 13363 SW Iron Mountain Road, Portland, OR 97219		
	(Street Address) c/o Hawley Troxell, Attn.: Theresa Howe, P.O. Box 1617, Boise, ID 83701		
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
	Stephen C. Hardesty	877 W. Main Street, Suite 1000, Boise, ID 83702	
	(Name)	(Street Address)	
	The name and address of at least company:  Name	one member or man	ager of the limited liability
	Stephen Roth	13363 SW Iron Mountain Road	
		Portland, OR 97219	
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		·	
5. 1	Mailing address for future correspo	•	•
	c/o Hawley Troxell, Attn.: Theresa How	e, P.O. Box 1617, Boise,	ID 83701
6. F	Future effective date of filing (option	nal):	
	<b>5</b> (1)		
Sign	ature of a manager, member o	r authorized	
pers	on.		Secretary of State use only
Signa	ature		•
	d Name; Stephen C. Hardesty, Author	rized Person	
Signature		1	IDAHO SECRETARY OF STATE 05/02/2011 05:00
Туре	d Name:		CK: 668087 CT: 172099 BH: 127191 1 @ 100.00 = 100.00 ORGAN LLC #

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