

CERTIFICATE OF ORGANIZATION 2014 SEP 22 PM 3: 52 LIMITED LIABILITY COMPANY

SECRETARY OF STATE

(E+0)	(Instructions	on back of application	1) STATE OF IDAHO
	ne of the limited liab	oility company is:	
Sigmont			
	•		e initial designated office:
	Lake Pointe Way, Eagle	э, ID 83616	
(Street Add	iress)		
(Mailing Ad	dress, if different than street	address)	
3. The nam	e and complete str	eet address of the reg	gistered agent:
Tony A.	Drost	1267 S. Lake Pointe Way, Eagle, ID 83616	
(Name)		(Street Address)	
company	<u>Name</u>	1267 S. Laka	Address Pointe Way Fagle ID 83616
Tony A.		1267 S. Lake	Pointe Way, Eagle, ID 83616
Jennifer	E. Drost	1267 S. Lake	Pointe Way, Eagle, ID 83616
<u></u>			
			
5 Mailing a	address for future o	orrespondence (annu	al report notices):
-	Lake Pointe Way, Eagle	-	arreport nouces).
6. Future e	ffective date of filing	g (optional):	
- ,	manager, mer	nber or authorized	
erson.	4, (Secretary of State use only
Signatur e	Joen 1	~)\rac{1}{2}	
Typed Name			IDAHO SECRETARY OF STATE
- •			09/23/2014 05:00
Signature			CK:70535 CT:67242 BH:1442360 16 100.00 = 100.00 ORGAN LLC
Typed Name):		<u>-</u>

MAZYZY

9/21/2012