

## CERTIFICATE OF ORGANIZATION STATE OF IDAHO LIMITED LIABILITY COMPANY

(Instruc	ctions on back of applicatio	2015 MAR 30 AM 9: 28	
1. The name of the limit	ed liability company is:		
Project Vision, LLC			
· ·	nd mailing addresses of the e 1460, Boise, ID 83702	e initial designated office:	
(Street Address)			
(Mailing Address, if different that	an street address)		
3. The name and comple	ete street address of the re	gistered agent:	
Kevin C Smith	800 W. <b>Mai</b> n	800 W. Main Street, Suite 1460, Boise, ID 83702	
(Name)	(Street Address	(Street Address)	
company:	s of at least one member o	or manager of the limited liability	
Name Kevin C. Smith	ROO W/ Main	Address 800 W. Main Street, Suite 1460, Boise, ID 83702	
The state of the s			
	<del>/</del>		
<del>-</del>	ture correspondence (annu	al report notices):	
800 W. Main Street, Suite	e 1460, Boise, ID 83702		
6. Future effective date of	of filing (ontional)		
s. I didic onconve dute o	ming (optional).		
Signature of a manager, person.	, member or authorized		
, or oon.		Secretary of State use only	
Signature			
Typed Name: Kevin C. Smi	th	IDAMO SECRETARY OF STATE 83/38/2015 85:00	
Signature		CK:12327 CT:308269 BH:1468	
yped Name:		1@ 100.00 = 100.00 ORGAN LI	
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9/21/2012