



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT -2 PM 3:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rafi, LLC

2. The complete street and mailing addresses of the initial designated office:

4913 Hillcrest Drive

(Street Address)

Boise, ID 83705

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Chris Novak

(Name)

4913 Hillcrest Drive Boise, ID 83705

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Chris Novak

4913 Hillcrest Drive Boise, ID 83705

Callie Novak

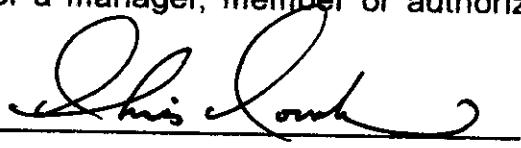
4913 Hillcrest Drive Boise, Id 83705

5. Mailing address for future correspondence (annual report notices):

4913 Hillcrest Drive Boise, ID 83705

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 

Secretary of State use only

Typed Name: Chris Novak

Signature 

IDaho SECRETARY OF STATE
10/02/2013 05:00
CK: 1564941 CT: 172899 BH: 1392523
1 @ 100.00 = 100.00 ORGAN LLC # 2

Typed Name: Callie Novak

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