



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SEP -2 AM 9:10

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Inflection Development, LLC

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

1413 Joyce Street, Boise, ID 83607

(Street Address)

(Mailing Address, if different than street address)

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

Quinto Standard, LLC

(Name)

1413 Joyce Street, Boise, ID 83607

(Street Address)

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

Name

Address

Quinto Standard, LLC

1413 Joyce Street, Boise, ID 83607

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

1413 Joyce Street, Boise, ID 83607

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Bill Truax

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/02/2011 05:00
CK: 694 CT: 262100 BH: 1288929
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