



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JUL -5 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Roxanne Nichols LLC

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

100 Main Street, Suite 203
(Street Address)

Boise, Idaho 83702
(Mailing Address, if different than street address)

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

Roxanne Nichols
(Name)

100 Main Street, Ste 203 Boise, 83702
(Street Address)

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

Name	Address
<u>Roxanne Nichols</u>	<u>100 Main Street, Ste 203 Boise, 83702</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

100 Main Street, Suite 203 Boise, 83702

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

Signature of a manager, member or authorized person.

Signature Roxanne Nichols
Typed Name: Roxanne Nichols

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2013 05:00
CK: 1466051 CT: 172099 BH: 1300877
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