



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAR 29 PM 4:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Melinda LLC

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

199 N Capitol Blvd., Suite 600, Boise, Idaho 83702

(Street Address)

(Mailing Address, if different than street address)

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

E Don Copple

(Name)

199 N Capitol Blvd., Suite 600, Boise, ID 83702

(Street Address)

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

**Name**

**Address**

E Don Copple

199 N Capitol Blvd., Suite 600, Boise, ID 83702

Charlette Alloway

199 N Capitol Blvd., Suite 600, Boise, ID 83702

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

199 N Capitol Blvd., Suite 600, Boise, Idaho 83702

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: E Don Copple

Signature

Typed Name:

Secretary of State use only

g:\corpforms\llc form\cert\_org\_llc.PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
03/30/2010 05:00  
CK: 13404 CT: 2502 SN: 1215401  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W92006