

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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SECRETARY OF STATE

(Instructions on back of application)

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(Street Address) (Mailling Address, if different than street address) The name and complete street address of the registered agent: E Don Copple 199 N Capitol Blvd., Suite 600, Boise, ID 83702 (Street Address) The name and address of at least one member or manager of the limited liability company: Name E Don Copple 199 N Capitol Blvd., Suite 600, Boise, ID 83702 Charlette Alloway 199 N Capitol Blvd., Suite 600, Boise, ID 83702 Mailling address for future correspondence (annual report notices): 199 N Capitol Blvd., Suite 600, Boise, Idaho 83702 Future effective date of filling (optional): Instruct of organizer(s). (An organizer is a member, or is go in behalf of a member or members). Secretary of State use only				. T.	wherepare	MIICE.
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(Name) (Street Address) The name and address of at least one member or manager of the limited liability company: Name	E Don Cornie	199 N (anitol Blvd	Suite 600	Boise ID 83	702
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