

CERTIFICATE OF ORGANIZATIONED EFFECTIVE LIMITED LIABILITY COMPANY 10 007 -8 AM 10: 42

(Instructions on back of application)

STATE OF	JESTATE IDAHO
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	(mstructions on back	
1.	The name of the limited liability co	CIAIT III IDAIIO
	•	st Mattress Distributors, LLC
_		
2.	The complete street and mailing addresses of the initial designated/principal office:	
	4000 E Chesapeake Drive, Nampa, ID 8	B3686
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Michael Winsor	4000 E Chesapeake Drive, Nampa, ID 83686
	(Name)	(Street Address)
4.	company:	one member or manager of the limited liability
	<u>Name</u>	Address
	Michael Winsor	4000 E Chesapeake Drive, Nampa, ID 83686
5.	Mailing address for future correspondence of the Mailing address for future correspond	
6.	Future effective date of filing (optio	nal):
_	nature of a manager, member o son.	
•	nature_	Secretary of State use only
Typ	ped Name: Michael Winsor	
		IDAHO SECRETARY OF STATE
	nature	CK: CASH CT: 251882 BH: 1242395
ı yp	ed Name:	1 0 100.00 = 100.00 ORGAN LLC # 2

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