

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 25 PM 1:51

1.	The name of the limited liability comp	pany is:		SECRETARY OF STATE STATE OF IDAHO
	Boise Avenue Pro	perty Managem	ent LLC	
2.	he complete street and mailing addresses of the initial designated office:			
		4060 N Kilberry	Ave, Meridian ID 83646	
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Markus Nigrin (Name)	4060 N Kilberry Ave, Meridian ID 83646		
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Markus Nigrin	4060 N Kilberry Ave, Meridian, ID 83646		3
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5.	Mailing address for future correspond	ience (annu	al report notices):	
	-	-	ridian, ID 83646	
6.	Future effective date of filing (optional	il):		
_	nature of a manager, member or a son.	authorized		
			Secretary	of State use only
_	nature			
Typ	oed Name: Markus Nigrin			
 .			86/E	HD SECRETARY OF STATE
	nature		CK: 1469 1 8 100.0	CT: 284261 BH: 1379613 0 = 100.00 ORGAN LLC # 2
13/12	and Nama:			

Signature_____ Typed Name:

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