

CERTIFICATE OF ORGANIZATION 2015 FEB 13 AM 8: 46

	(Instructions on back		SECRETARY OF STATE STATE OF IDAHO
1. The name of	the limited liability con	npany is:	
Peripheral Visi	on, LLC		
•	street and mailing add		nitial designated office:
	2, Moscow, Idaho 83843 f different than street address)		
	d complete street addr	ess of the regis	tered agent:
Donn R. Morse)	1130 Jacksha R	oad, Moscow, Idaho 83843
(Name)	· · · · · · · · · · · · · · · · · · ·	(Street Address)	7.7
4. The name and company:	d address of at least o	ne member or n	nanager of the limited liability
·	<u>Name</u>		Address
Donn R. Morse		1130 Jacksha R	d, P. O. Box 8932, Moscow, ID 83843
_	ss for future correspor	ndence (annual i	report notices):
P.O. Box 8932	, Moscow, ID 83843		
6. Future effective	e date of filing (option	nal):	
Signature of a n	nanager, member or	authorized	
)	1-m	7	Secretary of State use only
Signature Sonn R. Morse Typed Name: Donn R. Morse			10AHO SECRETARY OF STATE 02/13/2015 05:00 CK:10506 CT:9686 BH:1461' 16 100.00 = 100.00 ORGAN LI
Signature			W147796
Typed Name:			W14.1.140

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