

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 26 PM 2: 55

SECRETARY OF STATE

. The name of the lim	nited liability company	is: STATE OF IDA	AHU
	CNI Ente	erprises LLC	
. The complete street	and mailing addresse	es of the initial designated/principal offic	 :e:
	5243 N. Marcliffe Av	ve. Boise, Idaho 83704	
(Street Address)	P.O. Box 140405 Ga	arden City, Idaho 83714	
(Mailing Address, if different	than street address)		·
The name and comp	plete street address of	the registered agent:	
Paul E. Chas		5243 N. Marcliffe Ave. Boise, Idaho 83704	
(Name)	(Stree	et Address)	•
The name and addre	ess of at least one me	mber or manager of the limited liability	
<u>Nam</u>	<u>1e</u>	Address	
Paul E. Cha	ase Jr.	5243 N. Mardiffe Ave. Boise, Idaho 83704	
			· · · · · · · · · · · · · · · · · · ·
Mailing address for f	future correspondence	(annual report notices):	
Mailing address for t	•	e (annual report notices): arden City, Idaho 83714	
	P.O. Box 140405 Ga	•	3,7,7
Future effective date	P.O. Box 140405 Ga e of filing (optional):). (An organizer is a member	er, or is	
Future effective date gnature of organizer(s) ing in behalf of a member	P.O. Box 140405 Ga e of filing (optional):). (An organizer is a member or members).	er, or is	
Future effective date gnature of organizer(s) ing in behalf of a member gnature	P.O. Box 140405 Ga e of filing (optional):). (An organizer is a member	er, or is	
gnature of organizer(s) ting in behalf of a member gnature	P.O. Box 140405 Ga e of filing (optional):). (An organizer is a member or members).	er, or is	F STATE 95 = 90

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