

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY	AM	7
SECRETARY	. ****	1.59
STATE OF	UF S IDAH	ATE

. The name of the limited liability company is:	STATE OF IDAHO	
Arrowrock AL Hold	ling, LLC	
The complete street and mailing addresses of the 2409 Virginia Street Bo	• • •	
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street address of the re	egistered agent:	
Lucas Wynn 24	2409 Virginia Street Boise, ID 83705	
(Name) (Street Address	ss)	
The name and address of at least one member company:	or manager of the limited liability	
Name.	Address	
Misty Wynn 24	2409 Virginia Street Boise, ID 83705	
•		
Mailing address for future correspondence (ann	ual report notices):	
2409 Virginia Street Bo	ise, ID 83705	
Future effective date of filing (optional):		
Future effective date of filing (optional):		
gnature of organizer(s). (An organizer is a member, or is		
gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members).	Secretary of State use only	
gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members).	Secretary of State use only	
Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member, or is ting in behalf of a member or members).  gnature Lucas Wynn		

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