

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN 26 PM 3: 05

(Instru	ctions on back of application	on) SECRETARY OF STATE
1. The name of the limi	ed liability company is:	STATE OF IDAHO
Γ λ λ λ	Shipa 11	
TYMICA &	<u> </u>	
2. The complete street a (Street Address)	ind mailing addresses of the Company	ne initial designated office: 104 Stur, TO 83009
(Mailing Address, if different the	nan street address)	
3. The name and compl	ete street address of the re	egistered agent:
(Name) (0)(0)	(Street Address	J. Glen maen way
The name and address company:	ss of at least one member	or manager of the limited liability
Kuyla cole	mah 1095 M	Address 9 Un MIPO Way
1295 N. GIE	iture correspondence (ann	star, I p 83669
 σ. Future eπective date 	or ming (optional):	
Signature of a manage person.	r, member or authorized	ı
	11/20/10/20 10	Secretary of State use only
Signature Kuyll Willham Typed Name: Kayla Coleman		IDAHO SECRETARY OF STATE 06/26/2015 05:00 CK:2973562 CT:172099 BH:14816 10 100.00 = 100.00 ORGAN LLC
Signature		

W153292

Typed Name: _