

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 AUG 26 PM 3: 59

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

(1	instructions on bar	on or application;	STATE OF IDAHO	
. The name of th	e limited liability c	ompany is:		
	Sh	aron Pisone Family, LLC		
	treet and mailing a	ddresses of the initial des	signated/principal office:	
(Street Address)	And Section .			
(Malling Address, if di	fferent than street address			
. The name and o	complete street ad	dress of the registered ag	gent:	
Ed Guerricabeitia		199 N. Capitol Blvd., Ste. 600, Boise, ID 83701		
(Name)		(Street Address)	(Street Address)	
. The name and a company:		one member or manager		
Minte Manage	Name	Address		
Kirk Moore		5490 N. Citadel Way, Boise, ID 83703		
•	for future corresp Vay, Boise, ID 83703	ondence (annual report n	otices):	
Future effective	date of filing (opti	onal):		
ignature of a ma	nager, member	or authorized		
gnature 1	MA		Secretary of State use only	
yped Name: Kirk N	loore			
signature			IDAHO SECRETARY OF STATE	
yped Name:			08/26/2011 05:0 CK: 1718 CT: 261933 BH: 12881 1 8 188.89 = 188.80 ORGAN LIC:	

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