

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 JAN 29 AM 9:03

(Instructions on back of application)

1.	The name of the limited liability comp	pany is:	STATE OF IDAHO
		tique Phoning LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 1017 North Stilson Road, Unit 102, Boise, Idaho 83703		
	(Street Address)		
	(Mailing Address, if different than street address)		
_	•	of the registered a	nent:
3.	The name and complete street address of the registered agent:		
	Bernadette Almeida	1017 North Stilson Ros	nd, Unit 102, Boise, ID 83703
	(Name)	(Street Address)	·
	The name and address of at least one company:		r of the limited liability
	<u>Name</u> Bernadette Almeida	1017 North Stilson Road, Unit 102, Bolse, ID 83703	
	Delitedotte / initial		
5.	Mailing address for future correspond	dence (annual report	notices):
	1017 N. Stilson Road, Unit 102, Boise, ID 83703		
6.	Future effective date of filing (optional	al):	
•	nature of organizer(s). (An organizer is a ring in behalf of a member or members).	member, or is	
acu	ng in behair of a member of members).) L @	Secretary of State use only
Sig	nature Settle (W	WEN E	
	ped Name: Bernadette Almeida	po T	
		omsto 2008	IDAHO SECRETARY OF STATE
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Typ	ped Name:	PAGETTA	
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