

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 10 AM 9: 15

SECRETARY OF STATE

The name of the limited liability compa	ny is: STATE OF	IDAHO
	imention LLC	
The complete street and mailing addres	ses of the initial designated/princip	al office:
2502 N Consta	ance Pl Eagle, ID 83616	
(Street Address)		· · · · · · · · · · · · · · · · · · ·
(Malling Address, if different than street address)		*
The name and complete street address	of the registered agent:	a a
Jacob Thompson	2502 N Constance PI Eagle ID 83	616
(Name) (S	itreet Address)	
The name and address of at least one	nember or manager of the limited t	iability
company: <u>Name</u>	Address	
Josh Thompson	2502 N Constance Pl Eagle, ID 83616	
		<del></del>
Nick Drzayich	107 E Ironstone Meridian, ID 836	40
		· · · · · · · · · · · · · · · · · · ·
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Mailing address for future corresponder	nce (annual report notices):	
2502 N Consta	ance PI Eagle, ID 83616	
Future effective date of filing (optional):		
		* jack
ature of organizer(s). (An organizer is a me	mber, or is	- · · · · · · ·
in behalf of a member or members).	Secretary of State a	wa only
to have	2 Secretary or class C	olay
ature Jacob Thompson	omed LC formsteer, org. Rc.PMD 0772008	
d Name/ Jacob Thompson		
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IDAHO SECRETARY OF STATE
66/10/2010 05:00
CK: 1867 CT: 248784 BH: 1226181
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