



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 JUN 25 AM 8:38

1. The name of the limited liability company is:

SECRETARY OF STATE  
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

5. Mailing address for future correspondence (annual report notices):

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/25/2013 05:00

CK: 462909 CT: 284683 BH: 1379598

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