

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

7015 JAN 13 PM 3: 36

(Instructions on back of application)

SECRETARY OF STATE

	(mstructions o	n back of application	STATE OF IDAHO
	ne of the limited liabi MENT, LLC	lity company is:	
	The complete street and mailing addresses of the initial designated office: 6440 W. PLANTATION LANE, BOISE, IDAHO 83703		
(Street Add	iress)		
(Mailing Ad	(Malling Address, if different than street address)		
3. The nam	The name and complete street address of the registered agent:		
CHRIST	I MURIE	6440 W. PLANTATION LANE, BOISE, IDAHO 83703	
(Name)		(Street Address)	
4. The nam		least one member o	manager of the limited liability
	<u>Nаme</u> I MURIE	Address 6440 W. PLANTATION LANE, BOISE, IDAHO 83703	
			
•	address for future co PLANTATION LANE, B	•	al report notices):
6. Fut ure e	effective date of filing	(optional):	
Signature operson.	of a manager, mem	ber or authorized	
	17/11		Secretary of State use only
Signature Typed Name	Stanley . Tharp, Atto	IDANO SECRETARY OF STA 01/14/2015 05:0 CK:31230 CT:20168 BH:1	
Signature			16 100.00 = 100.00 ORGAN
Tuned Name	•		

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