

Rev. 11/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2017 JAN -5 AM 9: 11

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

|                                 |  | OIMIE OF IDMIN   |  |
|---------------------------------|--|--|--|
| The name of the limited         | • •  |  |  |
| Neff Street Holdings, Lin       | nited Liability Company                                  |  |  |
| (Remember to include            | the words "Limited Liability Company," "                 | Limited Company," or the abbreviations L.L.C., LLC, or LC) |  |
| The complete street and         | mailing addresses of the principle                       | cipal office is:   |  |
| 398 S. 9th Street, Suite        | ,  | •  |  |
| (Street Address)                | <del></del>  |  |  |
| (Mailing Address, if different) |  |  |  |
| The name of the register        | red agent and street address o                           | of the registered agent:                                   |  |
| Andrew Owen                     | 398 S. 9th Street, Suite 250, Boise, ID 83702            |  |  |
| (Name)                          | (Address cannot be a post office box or postal mail box) |  |  |
|                                 |  |  |  |
|                                 | of at least one governor of the                          | • , •  |  |
| Andrew Owen                     | 398 S. 9th Stree   | 398 S. 9th Street, Suite 250, Boise, ID 83702              |  |
| (Name)                          | (Address)  |  |  |
|                                 |  |  |  |
| (Name)                          | (Address)  |  |  |
|                                 |  |  |  |
| (Name)                          | (Address)  | <del> </del>   |  |
|                                 |  |  |  |
| (Name)                          | (Address)  |  |  |
| ,                               | (Addiess)  |  |  |
| Mailing address for futur       | e correspondence (annual rep                             | port notices):   |  |
| 398 S. 9th Street, Suite        |  |  |  |
| (Address)                       |  | <del></del>  |  |
|                                 |  |  |  |
| ature of organizer(s).          |  | Secretary of State use only                                |  |
| ature:                          | <b>✓</b>   | Occidently of claim use only                               |  |
| 1 7                             | ^  |  |  |
| ed Name: New York               | Owen   | IDAHO SECRETARY OF STATE                                   |  |
|                                 |  | 01/05/2017 05:00   |  |
| ature:                          |  | CK:4176 CT:331396 BH:1562345                               |  |
| and Manager                     |  | 10 100.00 = 100.00 ORGAN LLC #                             |  |
| ed Name:                        |  | 1 W11710407  |  |