CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 30 AM 10: 57

The name of the limited	liability company is: Hwy 16, LLC	SECRETARY OF STATE STATE OF IDAHO
		e initial designated/principal office:
(Street Address)	1 E. 39th Street, Building C, E	soise, Idano 83/14
(Mailing Address, if different than s	street address)	
3. The name and complete		gistered agent:
Don Newman		h Street, Building C, Boise, Idaho 83714
(Name)	(Street Address)	
4. The name and address of company:	of at least one member o	r manager of the limited liability
Name		<u>Address</u>
Don Newman	Don Newman 121 E. 39th Street, Building C, Boise, Idaho 83	
5. Mailing address for future	e correspondence (annua	al report notices):
121	E. 39th Street, Building C, Be	oise, Idaho 83714
6. Future effective date of fi	ling (optional);	N/A
Signature of organizer(s). (An octing in behalf of a member or me		
Signature Lou R. Jun	·	Secretary of State use only
Typed Name: Don Newman, Member		IDAHO SECRETARY OF STATE 10/30/2008 05:00 CX: 26993 CT: 24978 BH: 114235 1 188.88 = 188.88 Organ iic
		800
Signature		IDAHO SECRETARY OF STATE 10/30/2008 05:00
yped Name:		CX: 26893 CT: 24978 BH: 114235

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