

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT 15 AM 11: 27

1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
TRUE JUNE LLC	
2. The complete street and mailing addresses of the initial designated	office
(Street Address) Z174 S. MYERS PLACE BOISE, ID	Olince:
(Street Address)	05/66
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
(Name) ZI74 S. MYERS (Street Address)	HACE
 The name and address of at least one member or manager of the lin company: 	nited liability
Name Address	
KATHRYN MUROHT 2174 S. MYERS FLACE	
KAthryn Muroff 2174 5 myers Flace Boyd Miller 2174 5 myers Place	6
E Malling and I are a	
5. Mailing address for future correspondence (annual report notices):	
21745. Myers Place Bolse, 10 5370	96
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature	State use only
Typed Name: Royd MillER	
Signature Cathy N W CX: NO CX # CX: NO CX # CX	CRETARY OF STATE 2013 05:00 1: 266523 08: 1393864
Typed Name: KATHRYN MUBIR UL	TOO. OR UKUHN LLU # 5

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