

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 APR 13 AM 9: 55

(Instructions on back of application)

(IIIotidotiono on adolt or ap)	SECOTION AND A
1. The name of the limited liability company	IS: SECHET OF STATE
IBUY WHOLFSALE LL	10
2. The complete street and mailing addresse	es of the initial designated office:
(Street Address)	D # 369 BOISE, ID 83709
(Mailing Address, if different than street address)	
<ol><li>The name and complete street address of</li></ol>	the registered agent:
(Name) BABICUE DICO (Street	BOICE, ID 83709
<ol> <li>The name and address of at least one me company:</li> </ol>	ember or manager of the limited liability
<u>Name</u>	<u>Address</u>
Tim BABICHENICO 19	0400 W. OUERLAND RO #369 6015E, IP 83709
5. Mailing address for future correspondence	e (annual report notices):
<ol><li>Future effective date of filing (optional):</li></ol>	
Signature of a manager, member or authorerson.	
$\mathcal{A}_{5}$	Secretary of State use only
yped Name: Tim Barichieves	IDAHO SECRETARY OF STATE
ypeu Name. Jim PARICHENES	04/13/2015 05:00 CK:312 CT:307008 BH:1470674
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Typed Name:	- W150464