



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 AUG 30 PM 12:53

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MAPE, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

4406 North Tiverton Place, Boise, Idaho, 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Debbie McDonald

(Name)

4406 North Tiverton Place, Boise, Idaho, 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name****Address**

Debbie McDonald

4406 North Tiverton Place, Boise, Idaho, 83702

5. Mailing address for future correspondence (annual report notices):

4406 North Tiverton Place, Boise, Idaho, 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: William R. Snyder, Authorized Agent

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 08/30/2010 05:00  
 CK: 10206 CT: 44653 BH: 1236877  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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