

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG -5 PM 2:

SECRETARY OF STA

The complete street and malling s	ddresses of the initial designated/principal office:
The complete street and mainty at 2484 N. Stokesbe	rry Place, Suite 100 Meridian, ID 83646
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street ad-	dress of the registered agent:
Kevin Taliman	2484 N. Stokesberry Place, Ste 100 Meridian, ID 83646
(Name)	(Street Address)
Name Kevin Taliman	2484 N. Stokesberry Piace, Ste 100 Meridian, ID 83646
Hawke Financial Group LLC	2484 N. Stokesberry Place, Ste 100 Meridian, ID 83646
Mailing address for future corresp	condence (annual report notices):
Mailing address for future corresp 2484 N. Stokes	bondence (annual report notices): berry Place, Ste 100 Meridian, ID 83646
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Future effective date of filing (option of the properties of the p	berry Place, Ste 100 Meridian, ID 83646  tional):  Is a member, or is  Secretary of State use only
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