

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 19 PM 12: 42

CEPHICTADY OF STA

	(Instructions o	n back of application)	STATE OF IDA
1. The nar	me of the limited liabi	lity company is:	
Worklar	nd Lane, LLC		
	mplete street and mail	ling addresses of the init	al designated office:
(Street Ac	•		
	daho 83709 Address, if different than street a	ddress)	
3. The nar	ne and complete stre	et address of the registe	red agent:
Brett Ke	ent	553 South Worklan	d Lane # 201, Boise, Idaho 83709
(Name)		(Street Address)	
4. The nar compan		least one member or ma	nager of the limited liability
Brett Ke	<u>Name</u>		Address d Lane # 201, Boise, Idaho 83709
5. Mailing	address for future cor	respondence (annual re	port notices):
553 Sou	uth Workland Lane # 201		
6. Future ε	effective date of filing	(optional):	
ignature o erson.	of a manager, mem	ber or authorized	
Sanak	Beat WK	4	Secretary of State use only
ignature	e: Brett Kent		IDAHO SECRETARY OF STA
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