

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 AUG 12 PM 1:52

The name of the limited liability con	mpany is:	SECRETARY OF STATE STATE OF IDAHO
No Flap L.L.C.		
The complete street and mailing ad 2905 W. Sunset Ave Boise, ld 83703	Idresses of the	initial designated office:
(Street Address)		
(Mailing Address, if different than street address)	<u> </u>	
The name and complete street add	ress of the reg	istered agent:
Julie A. Haught	2905 W. Sunset Ave Boise, Id 83703	
(Name)	(Street Address)	
Julie A. Haught	2905 W. Suns	et Ave Boise, Id 83703
. Mailing address for future correspon	ndence (annua	al report notices):
2905 W. Sunset Ave	BOISE, 10	Jaho 83703
. Future effective date of filing (option	nal\·	
. I didic enecuve date of ming (option		
gnature of a manager, member or	r authorized	
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griature (1.4) (1.4)		IDAHO SECRETARY OF STATE OR /12/2014 O5:00
/ped Name: Julie A. Haught		10AHO SECRETARY OF STATE 08/12/2014 05:00 CK:1662 CT:261017 BH:143 10 100.00 = 100.00 ORGAN

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Typed Name: _____