







## **STATE OF IDAHO**

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Select one: Standard, Expedited or Same Day descriptions below) | Service (see Sta       | andard (filing fee \$100)                                     |
|---|------------------------|---|
| 1. Limited Liability Company Name                               |                        | * 11:17:0   |
| Type of Limited Liability Company                               |                        | nited Liability Company                                       |
| Entity name   | RC                     | BIN CAPITAL LLC   |
| 2. The complete street address of the principal office is:      |                        |   |
| Principal Office Address  |                        | 12 N CIRCLE DR<br>YDEN, ID 83835                              |
|   | ПР                     | TDEN, ID 63633  |
| 3. The mailing address of the principal office is:              | 0.7                    | 40 N OIDOLE DD  |
| Mailing Address   |                        | 12 N CIRCLE DR<br>YDEN, ID 83835-7470                         |
|   | 11/-                   | TDEN, ID 00000-7470   |
| 4. Registered Agent Name and Address                            | . –                    | CALING CORPORATE CERVICES INC                                 |
| Registered Agent  |                        | GALINC CORPORATE SERVICES INC. mmercial Registered Agent      |
|   |                        | rsical Address  |
|   |                        | OW MAIN ST STE 1460   |
|   |                        | ISE, ID 83702   |
|   | Mai                    | ling Address  |
|   |                        | O W MAIN ST STE 1460  |
|   |                        | 11SE. ID 837UZ  |
| ☑ I affirm that the registered agent appointed                  |                        | as registered agent for this entity.                          |
| 5. Governors  |                        | as registered agent for this entity.                          |
|   |                        |   |
| 5. Governors  | has consented to serve | as registered agent for this entity.  Address  RNE DR APT 440 |
| 5. Governors  Name  | has consented to serve | Address  RNE DR APT 440 343 T 610                             |
| 5. Governors  Name  BRODERICK ROBBINS  JOSEPH ROBBINS           | has consented to serve | Address  RNE DR APT 440 343 T 610                             |
| 5. Governors  Name  BRODERICK ROBBINS                           | has consented to serve | Address  RNE DR APT 440 343 T 610                             |