

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

09 DEC 28 PN 4:38

(Instructions on back of application)

SECALIARY OF STATE

The name of the limited liability	company is: STATE OF IDAHO
,	IMT II, LLC
The complete street and mailing	addresses of the initial designated/principal office:
12594 W Ex	oplorer Dr Suite 100 Boise, Id 83713
(Street Address)	
(Mailing Address, if different than street address	SS)
The name and complete street a	address of the registered agent:
Ben Slaughter	12594 W Explorer Dr Suite 100 Boise, ID 83713
(Name)	(Street Address)
The name and address of at least company:	st one member or manager of the limited liability
Thomas Buuck	12594 W Explorer Dr Suite 100 Boise, ID 83713
. Mailing address for future corres	spondence (annual report notices):
12594 W E	xplorer Dr Suite 100 Boise, ID 83713
 Future effective date of filing (op 	otional):
•	
ignature of organizer(s). (An organize	er is a member, or is
cting in behalf of a member or members).	Secretary of State use only
ignature /	
yped Name: Thomas Buu	ick :
, , , , , , , , , , , , , , , , , , ,	
lignature	IDAHO SECRETARY OF STATE
vped Name:	CK: 1290 CT: 218359 BH: 120

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