

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 OCT 20 PM 12: 19

SECRETARY OF STATE STATE OF IDAHO

(instructions on bac	k of application)	STATE OF IDAHO
The name of the limited liability co	empany is:	
Desig	ın Associates - Boise, Li	LC
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street add	lress of the register	ed agent:
Dona L. Walters	1923 S. Ro	osevelt St., Boise, ID 83705
(Name)	(Street Address)	
The name and address of at least opening and address of at least opening.	one member or man	ager of the limited liability
Name Canada Managa		Address
DOTE L. Watters	1923 S. Ro	osevelt St. Boise, ID 83705
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uture effective date of filing (option	nal):	
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ature of organizer(s). (An organizer is a in behalf of a member or members).	e member, or is	Secretary of State use only ADAHO SECRETARY OF STATE
-	The complete street and mailing at 5228 W. (Street Address) (Mailing Address, if different than street address) The name and complete street address (Name) The name and address of at least (company: Name Dona L. Walters Dona L. Walters	(Meiling Address, if different than street address) The name and complete street address of the registers Dona L. Walters 1923 S. Ro (Name) (Street Address) The name and address of at least one member or man company: Name