



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2013 OCT -3 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bad Apps LLC

2. The complete street and mailing addresses of the initial designated office:

603 W. Williams St. Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Aaron Brown  
(Name)

603 W. William St. Boise, ID 83706  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

DUSKIN TERTELING

3630 N. 39th St. BOISE, ID 83703

Blake Skerandore

2056 Ravenna Dr. Boise, ID 83712

Aaron Brown

603 W. Williams St.

5. Mailing address for future correspondence (annual report notices):

603 W. WILLIAMS ST. BOISE, ID 83706

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Aaron Brown

Typed Name:

Aaron Brown

Signature

Eliah Blake Skerandore

Typed Name:

Eliah Blake Skerandore

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/03/2013 05:00  
CK: 1457 CT: 287772 DH: 1392620  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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