



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 30 PM 1:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MAGMA SOLUTIONS LLC

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

5849 S. Snowdrop Pl., Boise ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

KAVITHA KABALEESWARAN

(Name)

5849 S. Snowdrop Pl., Boise ID 83716

(Street Address)

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

Name

Address

KAVITHA KABALEESWARAN

5849 S. Snowdrop Pl. Boise ID 83716

MADAN SITARAMAN

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

5849 S. Snowdrop Pl., Boise ID 83716

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: KAVITHA KABALEESWARAN

Signature [Signature]

Typed Name: MADAN SITARAMAN

Secretary of State use only

IDAHO SECRETARY OF STATE

12/30/2014 05:00

CK: 2459204 CT: 172099 BH: 1454864

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