

Signature:____

Rev. 07/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00.

2015 AUG -5 PM 4: 19

W154667

	Complete and submit the application in duplicate.			SECRETARY OF STATE STATE OF IDAHO		
1.	The name of the limited liabili	ity company is:	OIA	CO IDANG	,	
	(Remember to include the work	is "Limited Liability Company," "Limited Company), '	for the abbreviations L.L.C.	. N.C. or LC)		
2.	The complete street and mailing addresses of the principal office is:					
	1341 S. Spring Valley Drive		Nampa	ID 83686		
	(Street Address)		(City)	(State) (Zipcode)	
	(Mailing Address if different)		(City)	(State) (Zipcode)	
3.	The name and complete street address of the registered agent:					
	Thomas J. Angstman	3649 N. Lakeharbor Land	e Boise	ID	83703	
	(frame)	(Address)	(City)	(State)	(Ziponde)	
4.	The name and address of at	least one governor of the limited lia	ability company:			
	Dave Scaggs	1341 S. Spring Valley Driv		ID	83686	
	(Name)	(Address)	(City)	(State)	(Zipcode)	
	(Narrie)	(Address)	(City)	(State)	(Zip c ode)	
	(Name)	(Address)	(City)	(State)	(Z'ncode)	
	(Nanje)	(Address)	(City)	(State)	(Zipuode)	
5.	Mailing address for future cor	rrespondence (annual report notice	es):			
	Attn: Dave Scaggs, 1341 S.	Spring Valley Drive	Nampa	ID	83686	
	(Address)		(City)	(State)	(Zipceds)	
Sign	nature of organizer(s).					
_	** ',	-Authorized Agent	Secretary of State use only			
Prin	ited Name: Thomas J. Angstman	r, Admonzed Agent	IDAHO SECRE	TARY OF STA	.TE	
Sia	nature:		08/05/20	015 05:0	Ð	
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