## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 FEB -2 PN 2:59

TE TO	(Instructions on bac	k of application)	SEUREIANT OF STATE STATE OF IDAHO
1. The name	e of the limited liability co	mpany is:	A SULF OF IDAID
		SLSA, LLC	
2. The comp	elete street and mailing ac	dresses of the initial of	designated/principal office:
	3985 S. I	Mill Sîte Ave, Boise, ID 837	716
(Street Addre	ess) P.O. Box	: 171161, Boise, Idaho 837	717
(Mailing Add	ress, if different than street address)		
3. The name	and complete street add	lress of the registered	agent:
	Molly O'Leary	515 N 27th	Street, Boise, ID 83702
(Name)		(Street Address)	
company:	Name	Address	
	Paul Leadabrand	3985 S. Mill Ave., Boise, ID 83716	
<u></u>	· · · · · · · · · · · · · · · · · · ·		
			[L <sup>2</sup> ],
5. Mailing ac	idress for future correspo	ndence (annual repor	t notices):
	P.O. Bo	ox 171161, Boise, ID 8371	7
<u></u>			
6. Future eff	ective date of filing (optio	nal):	
_	rganizer(s), (An organizer is of a memberigr members).	a member, or is	
rung in benait c		Q	Secretary of State use only
ignature	- ly lang	<del> </del>	
yped Name:	Molly O'Leary	rplormsul.C formstvert_org_Ec.PMD	
	$\times$	formsk: 2008	TRAIN CEPOETABY OF CTATE
Signature		mayILC	02/02/2010 05:00 02/02/2010 05:00 02/02/ PT: 185040 00: 1984
yped Name:		тр\ботт Revis	1 P 108.08 = 190.00 ORGAN LLC

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