|                  |   |  | FILED EFFECTIVE                              |
|------------------|---|--|--|
|                  | CERTIFICATE OF C  |  |  |
|                  | /<br>(Instructions on back  | of application)                        | 10 NOV 12 AM 8: 40                           |
| 1. The           | ne name of the limited liability company is:                                      |  | SECRETARY OF STATE<br>STATE OF IDAHO         |
| 30               | e complete street and mailing ad<br>11 State St. Boise, ID 83703<br>reet Address) | dresses of the initial                 |  |
| (Ma              | ailing Address, if different than street address)                                 |  |  |
| 3. The           | e name and complete street add  | ress of the registere                  | d agent:                                     |
|                  | Day \$49 Idaho Registered Agent   | 1011 N. 11th Coeur<br>(Street Address) | D'Alene, ID 83814                            |
| cor              | e name and address of at least on<br>npany:<br><u>Name</u><br>ichael James        | 3011 State St. Boise                   | Address                                      |
| -                |   |  |  |
|                  | illing address for future correspo  | ondence (annual rep                    | ort notices):                                |
| 6. Fu            | ture effective date of filing (optio  | nal):                                  |  |
| Signat<br>person | ure of a manager, member o  | r authorized                           |  |
| Signati          | ure <u>Minhau James</u><br>Name: <u>Michael James</u>                             |  | Secretary of State use only                  |
| Signat           |   |  | IDANO SECRETARY OF STATE<br>11/12/2010 05:00 |

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