

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 PM 1:57

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compan	y is:	SIAIE OF IDATIO
	Nock \	/entures, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 101 S. Capitol Blvd, Suite 300, Boise, Idaho 83702		
(Street Address) P.O. Box 6561, Boise, Idaho 83707-6561			
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Edward D. Ahrens		ol Blvd., Suite 300, 83702
	(Name) (Str	eet Address)	•
4.	ne name and address of at least one member or manager of the limited liability ompany:		
	<u>Name</u>	<u>Address</u>	
	Edward D. Ahrene, Trustee of Launcher Trust, U/T/A dated May 11, 2010	101 S. Capitol Blvd., Suite 300, 83702	
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5.	5. Mailing address for future correspondence (annual report notices): P.O. Box 6561, Boise, Idaho 83707-6561		
	P.U. Box 6561, B	olse, idano 837074)
6	Eutura offective data of filing (entional):		
0.	Future effective date of filing (optional): _	· · · · · · · · · · · · · · · · · · ·	
C:m	notive of organizario) (to consider a second	han ania	
_	nature of organizer(s). (An organizer is a mem ng in behalf of a member or members).	ber, or is	
	*	₽	Secretary of State use only
Sig	nature 2000 N. Orrens		
Typed Name: Edward D. Ahrens, Organizer			
		omster 2008	TRANS DEPOSTABLY OF STATE
Sig	nature	MLC 6	1940 SECRETARY OF STATE 05/12/2010 05:00
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