

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

(Instructions on back of application)

2013 JUN 26 AM 8: 47

SECRETARY OF STATE

The name of the limited liability co     Blaylock Associates, LLC	ompany is: STATE OF IDAFIO"
-	ddresses of the initial designated office:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	fress of the registered agent:
Camille Blaylock	916 N Bluffwood Ln. Apt 11 Meridian, Idaho 83642
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability
Name Camille Blaylock	Address 916 N Bluffwood Ln. Apt. 11 Meridian, Idaho 83642
5. Mailing address for future correspo	ndence (annual report notices):
55 SW 5th Ave. Suite 100 Meridian, Idah	•
6 Future effective date of filing (entire	nal):
Future effective date of filing (option	naij.
Signature of a manager, member or	r authorized
person.	Secretary of State use only
Signature MAN AMILIA	
Typed Name: Camille Blaylock	
Signature	
Typed Name:	O6/26/2013 05:00  CK: 287 CT: 282162 BH: 1379711  1 0 180.00 = 100.00 ORGAN LLC # 2

cert\_org\_llc Rev. 07/2010