



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 FEB 16 AM 10:56
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MW BURKE MARKETING, LLC

2. The complete street and mailing addresses of the initial designated office:

1691 MICHAEL ST IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

MICHAEL WINSTON BURKE

(Name)

1691 MICHAEL ST IDAHO FALLS, ID 83402

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

MICHAEL WINSTON BURKE

1691 MICHAEL ST IDAHO FALLS, ID 83402

5. Mailing address for future correspondence (annual report notices):

1691 MICHAEL ST IDAHO FALLS, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: MICHAEL WINSTON BURKE

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/16/2016 05:00

CK:127 CT:320367 BH:1513741

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