

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 28 AM 11: 20

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1.	The name of the limited liability comp	pany is:	STATE OF IDAHO	
	Sumr	mit Enterprises LLC		
2.	The complete street and mailing addr	esses of the initia	l designated/principal office:	_
	3817	West State Street		
	(Street Address)	Boise ID 83703		-
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Jim McCray	16768 Rose	Park Lane Nampa ID 83687	`.
	(Name)	(Street Address)		-
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		Address	
	Jim McCray	3817 West \$	State Street Boise ID 83703	
				<b>-</b> '
				<b>-</b>
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5	Mailing address for future correspond	ongo (onnual ron	ort natices):	
5.	Mailing address for future correspond	state Street Boise ID 8	•	
	3011 77337			_
6.	Future effective date of filing (optiona	I):		
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Sig	nature of organizer(s). (An organizer is a n	nember, or is		
_	ng in behalf of a member or members).			
	()-	GC GW	Secretary of State use only	
_	nature James 284	'Croy !	•	
Typ	ped Name: James D McCray	Cent_or	IDAHO SECRETARY OF STATE	E
		CLOUNG TO THE OWN THE PARTY OF	W8/28/2009 95 CK: CASH_CT: 240095 Bh: 1)	84892
Sig	nature		1 t 100.00 = 199.00 ORGAN	LLC #

Typed Name:

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