



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JAN -8 AM 10: 36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Well Nested LLC

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

12144 W. Longfellow Dr. Boise ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Jamie Corbin

(Name)

12144 W. Longfellow Dr. Boise ID

(Street Address)

83709

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

Jamie Corbin

Name

12144 W. Longfellow Dr. Boise

Address

ID 83709

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

12144 W. Longfellow Dr. Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature Jamie Corbin

Typed Name: Jamie Corbin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/2015 05:00

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