

Signature: __

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE Title 30, Chapters 21 and 25, Idaho Code

The name of the limited li	ability samanany is:	"- OF IDAHO"E
The name of the limited li No Vendor In System LL	• •	•
		nited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and	mailing addresses of the pr	rincipal office is:
5529 N Forbes Ave, Bois	-	
(Street Address)		
(Mailing Address, if different)		
The name and complete	street address of the regist	ered agent:
Tara Hollcraft	5529 N Forbes Ave, Boise, Idaho 83713	
(Name)	(Address)	
The name and address of	f at least one governor of th	ne limited liability company:
Tara Hollcraft	5529 N Forbes Ave, Boise, Idaho 83713	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for future	e correspondence (annual r	report notices):
5529 N Forbes Ave, Bois	,	epart national.
(Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ature of organizer(s).		Secretary of State use only
ted Name: Tara Hollcraft		IDAKO SECRETARY OF STATE
	1	02/08/2016 05:00
ature: Jan	attant	CK:17356602366 CT:319998 BH:151248
. AND .		16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3
ted Name:		The same of the sa

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