



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 MAR -2 PM 3:34

1. The name of the limited liability company is:

BROOKE LLC

SECRETARY OF STATE
STATE OF IDAHO

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

619 E. CURLING, BOISE, ID 83702

(Street Address)

619 E. CURLING, BOISE, ID 83702

(Mailing Address, if different than street address)

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

KRISTEN BROOKE

(Name)

619 E. CURLING, BOISE, ID 83702

(Street Address)

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

Name	Address
Kristen Brooke	619 E. Curling, Boise, ID 83702

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

619 E Curling Boise ID 83702

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

Signature of a manager, member or authorized person.

Signature *[Handwritten Signature]*

Typed Name: Kristen Brooke

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2011 05:00
CK: 150 CT: 256104 BH: 1262306
1 @ 100.00 = 100.00 ORGAN LLC # 2

W101032