



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY -9 PM 1:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

XPAND LLC

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

1585 N. Plaza Rd. 83617 Emmett, ID
(Street Address)

(Mailing Address, if different than street address)

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

Anthony Stevens
(Name)

1585 N. Plaza Rd. Emmett, ID
(Street Address) 83617

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

Name

Address

Anthony Stevens

1585 N. Plaza Rd. 83617 Emmett, ID

Zerin Beattie

3619 Beacon Ave 83617 Emmett ID

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

1585 N. Plaza Rd. 83617 Emmett, ID

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

Signature of a manager, member or authorized person.

Signature Anthony Stevens

Typed Name: Anthony Stevens

Signature Zerin Beattie

Typed Name: Zerin Beattie

Secretary of State use only

IDAHO SECRETARY OF STATE

05/09/2014 05:00

CK: CASH CT: 296283 BH: 1424114

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