

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 FEB 24 AM 11:17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

S SQUARED, LLC

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

4929 N. HOLLOW LANE

(Street Address)

BOISE, ID 83702

(Mailing Address, if different than street address)

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

SHERYL SCOTT

(Name)

4929 N. HOLLOW LANE, BOISE, ID 83702

(Street Address)

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

Name**Address**

SHERYL SCOTT

4929 N. HOLLOW LANE, BOISE, ID 83702

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

4929 N. HOLLOW LANE, BOISE, ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Peter W. Ware, Jr., Organizer

1111 W. JEFFERSON ST.; STE 530
BOISE, ID 83701

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/24/2012 05:00
CK: 97628 CT: 20168 BH: 1312097
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