

## CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL 23 AM 8: 28

1.	The name of the limited liability com	pany is: ee Administrators, LLC	SECH. BRY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial desig			lesignated/principal office:
	(Street Address) 3355 N Five Mile Road, #210, Boise, ID 8	3713-3925	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Candie Kinch	11741 W Hinsdale Ct, I	3oise, ID 83713
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Candie Kinch	11741 W Hinsdale Ct, Boise, ID 83713	
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5.	Mailing address for future correspond	dence (annual report	notices):
	3355 N Five Mile Road, #210, Boise, ID 83	3713-3925	
6.	6. Future effective date of filing (optional):		
Sig	nature of a manager, member or	authorized	
per	son.		Secretary of State use only
_	nature andie Kuch		W95078
Тур	ped Name: Candie Kinch		
Sig	nature		IDAHO SECRETARY OF STATE  107/23/2010 05:00  CK: 8799 CT: 249842 BH: 1231874  1 0 100.00 = 100.00 ORGAN LLC #
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