

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

09 DEC -9 PM 1:06

(Instructions on back of application)

	`	• •	•	SECHETARY OF STATE
1.	The name of the limited liability com	pany is:		STATE OF IDAHO
		ooluu.com Ll	LC	· ·
2.	The complete street address, and maprincipal office:	ailing addre	ss if di	fferent, of the initial designated/
	4485 West Long Mead	low, Boise, ID	83714	(County of Ada)
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:			
	National Registered Agents, Inc.	1423 Tyrell L	ane Bois	e, ID 83706 County of Ada
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address			
	Troy St. Pierre	4485	West Lo	ng Meadow, Boise, ID 83714
5.	Mailing address for future correspond		_	
e	Eutura offastiva data of filing /antions	.n.		
0.	Future effective date of filing (optional	n):		
or is	nature of an organizer(s). (An organizer acting in behalf of a required, and existing, in			
or m	embers).		PMD	Secretary of State use only
Sig	nature		00 00	
	ed Name: Karmelia Fredrick, Legalzoom.	com, Inc.	g/corpt/orms/LC forms/cert_org_lc_PMD Revised_07/2008	IDANO SECRETARY OF STATE 12/09/2009 05 = 00 CK: 394868 CT: 167623 BH: 119847 1 8 188.88 = 188.88 ORGAN LLC #
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