



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAY 19 PM 3:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BoiSea LLC

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

1286 N Aster Pl Boise Id 83704

(Street Address)

(Mailing Address, if different than street address)

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

JADE WAKE

(Name)

1286 N Aster Pl Boise Id

(Street Address)

83704

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

Name

Address

JADE WAKE

1286 N Aster Pl Boise Id 83704

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

1286 N Aster Pl Boise Id 83704

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

Signature of a manager, member or authorized person.

Signature Jade Wake
Typed Name: JADE WAKE

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2015 05:00

CK:CASH CT:310421 HH:1476210

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