

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 DEC 29 PH 1: 09

10 ± 01	(Instructions on bac	k of application)	SECRETARY OF STATE STATE OF IDAHO
1. The nam	ne of the limited liability co	mpany is:	OTATE OF IDATE
	or You, LLC	•	
2. The com	nplete street and mailing ac	dresses of the i	nitial designated office:
124 NW	10 <b>#k\$t.M</b> eridian, Idaho 83642	Suite 106	
(Street Ad	dress)		
(Mailing A	ddress, if different than street address)		
3. The nam	ne and complete street add	ress of the regis	stered agent:
Joseph '	Woodruff	5008 N. Rothma	ans Ave., Boise ID, 83713
(Name)		(Street Address)	
4. The nam		one member or r	manager of the limited liability
	<u>Name</u>		Address
Natalie \	Woodruff	5008 N. Rothma	ans Ave., Boise, ID, 83713
Jose	ph Woodruff	c (	
		·	
		·	
5. Mailing a	address for future correspo	ndence (annual	report notices):
_	Rothmans Ave, Boise, ID, 8371	•	tupotetticuoso).
6. Future e	effective date of filing (option	nal):	
<del>-</del>	of a manager, member of	r authorized	
person.			Secretary of State use only
Signature s	Datacie Doorly	. <b>U</b>	IDAHO SECRETARY OF STATE
	Natalie Woodruff		12/29/2014 05:00
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Ot			16 100.00 = 100.00 ORGAN LLC
			1) 111-21
Typed Name	e:		(1) 145860

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9/21/2012