



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY **2014 AUG 11 PM 3:44**

(Instructions on back of application)

SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

6476 Moonridge Pl, LLC

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

1369 Villa Norte St. Boise, Idaho, 83702

(Street Address)

(Mailing Address, if different than street address)

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

Zornitza Johnson

(Name)

1369 Villa Norte St. Boise, Idaho, 83702

(Street Address)

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

Name

Zornitza Johnson

Address

1369 Villa Norte St. Boise, Idaho, 83702

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

1369 Villa Norte St. Boise, Idaho, 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Zornitza Johnson

Typed Name: Zornitza Johnson

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

08/11/2014 05:00

CK:2131076 CT:172099 BH:1436864
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