

## CERTIFICATE OF ORGANIZATIONILED EFFECTIVE LIMITED LIABILITY COMPANOY AUG -7 AM 8: 40

(Instructions on back of application)

SECRETARY OF STATE

. The name of	the limited liability co	•	STATE OF IDAHO	
		t Carlson Enterprises		
. The complete	<del>-</del>		nitial designated/principal office	:
(Street Address)	2212 Bry	son Road, Boise, Idal	NO 03/13	
(Mailing Address, i	f different than street address)			
3. The name and	d complete street ad-	dress of the regist	tered agent:	
	ırt Carlson	2212 Bry	yson Road, Boise, Idaho 83713	· ·
(Name)		(Street Address)		
I. The name and company:	d address of at least	one member or m	nanager of the limited liability	
	Name		Address	
Kurt Carlson		2212 Br	2212 Bryson Road, Boise, Idaho 83713	
			·	
				<del></del>
		<del>-</del>		
			•	
o. Mailing addres	ss for future correspo	•	•	
	2212 Bry	son Road, Boise, Ida	110 03/ 13	
S Future effective	ve date of filing (option	nnal).		
	o adio of fining toput			<del></del> .
ignature of organ	i <b>iZer(s)</b> . (An organizer is	a member orie		
	nzer(s). (All organizer is nember or members).	- a member, VI is		
-	) ·	Q	Secretary of State use only	
ignature				
yped Name:	Števé Weeks		W 3597	7
		wheel UZ formstcert_org_Rc.PMD	, ,	•
	·	WALLC AND COLUMN	IDAHO SECRETARY OF COLOR OF CO	95 s
vned Name:		§ #	rx 2397 CT: 192242	H: 118