

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY HAPR - 1 AM 8: 29

| | (Instructions on back of application) | |
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| 1. | 1. The name of the limited liability company is: STA STA | BY OF STATE BE OF IDAHO |
| 2. | 2. The complete street and mailing addresses of the initial designated/principa | al office: |
| | 2014 W Dorian St., Boise, ID 83705 (Street Address) | |
| | P.O. Box 5104 Boise, ID 83705 - 0104 (Mailing Address, If different than street address) | · · · · · · · · · · · · · · · · · · · |
| 3. | 3. The name and complete street address of the registered agent: | |
| | Anna Almerico 2014 W Dovian St. Bois (Street Address) | (e, ID (3705 |
| 4. | company; | ability |
| | Ting Gosselin 1022 S. Johnson, Bois | e.TD \$3706 |
| | Anna Almerico 2014 W Dorign St. Bois | |
| | 7 (WILL EL CO DOLLAR SI. 1701 | 2720 8 3103 |
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| r | | |
| 5. | 5. Mailing address for future correspondence (annual report notices): P.O. Bo x 5104 Boise, JD 83705 - 0104 | |
| 6. | 6. Future effective date of filing (optional): | |
| 0' | | |
| _ | ignature of organizer(s). (An organizer is a member, or is cting in behalf of a member or members). | |
| 0: | Secretary of State us | e only |
| | yped Name: Anna Almerico | |
| | ignature Spanna Almerico ignature Spanna Al | |
| Sigr | ignature IDAHO S | |
| Type | yped Name: TinaM-Gosselin - It is 180 88 = | : 257289 BH: 1267303 |

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