

Signature\_

Typed Name:

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

09 OCT 14 AM 8: 27

<b>₹</b>	(instructions on pac	ik of application)	SECRETARY OF OT
1.	The name of the limited liability co	ompany is:	SECRETARY OF STA STATE OF IDAHO
	Gorilla (	Capital of Idaho Region 1, LLC	
) 	The complete street and mailing addresses of the initial designated/principal office:		
	2135 W State St Boise ID 83702		
	(Street Address) 1400 Hig	h St Ste B2 Eugene OR 97401	
	(Mailing Address, if different than street address)		
•	The name and complete street address of the registered agent:		
# <del> </del> =	Alex Price	2135 W State St E	
	(Name)	(Street Address)	-
	The name and address of at least one member or manager of the limited liability company:		
	Name	Addre	
	Ben Bazer	1400 High St Ste B2 I	Eugene OR 97401
			general (1995)
			•
	Mailing address for future correspo	ondence (annual report notic	es):
	1400 Hig	h St Ste B2 Eugene OR 97401	
	Future effective date of filing (option	onal):	
_	nature of organizer(s). (An organizer is	s a member, or is	·
tin	g in behalf of a member or members).	Se	cretary of State use only
ior	nature 3-73	forms/cert_crg_#c. PMD	•
_	ed Name: Ben Bazer	<b>B</b>	
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		`   <u>.</u> <u>58</u>	IDAHO SECRETARY OF STATE

10/14/2009 05:00 CK: 1849 CT: 238789 BH: 1190988 1 2 188.88 = 189.88 ORGAN LLC # 2

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