

CERTIFICATE OF ORGANIZATION LIABILITY COMPANY

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	LIMITED LIABILITY COMI	STATADY ANION
(2 ± 0)	(Instructions on back of application	1) 1/4/E OF OF STA
1. Th	1. The name of the limited liability company is:	
2. The complete street and mailing addresses of the initial designated office: 2949 N Nystrom P Boise, 10 83713 (Street Address)		
(1	Mailing Address, if different than street address)	<u>.</u>
The name and complete street address of the registered agent:		
<u>(</u> (Michael Muyn Z949 (Street Address	N Nystrom Pl Boise, 1083717
The name and address of at least one member or manager of the limited liability company:		
_	Mario Larracoechea 1846	Broad moor Drive Boise, ID 83705
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5. Mailing address for future correspondence (annual report notices): 2949 N Nystrom PL Boise, 10 831/3		
6. Future effective date of filing (optional):		
Signa persor	ture of a manager, member or authorized	
•	nal M	Secretary of State use only
Signat		
ryped	Name: Michael Mum	
Signat Typed	Name: Mario Larracoechea	IDAHD SECRETARY OF STATE 05/17/2012 05:00 CK: 1882 CT: 278498 BH: 1324584 1 8 188.08 = 188.88 CRSAN LLC # 2

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