

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 12 PM 3: 37

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability	company is:	STATE OF IDAHO
	Coffierge, LLC	
The complete street and mailing	addresses of the initial d	esignated/principal office:
	ettlement Way, Boise, Idaho	83716
(Street Address)		
(Mailing Address, if different than street addres	s)	
The name and complete street a	ddress of the registered	agent:
Sylvia Hampel		nt Way, Boise, Idaho 83716
(Name)	(Street Address)	
The name and address of at leas company:	st one member or manag	er of the limited liability
<u>Name</u>	<u>Address</u>	
Sylvia Hampel	6190 S. Settlemen	it Way, Boise, Idaho 83716

Mailing address for future corresp		· · · · · · · · · · · · · · · · · · ·
6190 S. Se	ettlement Way, Boise, Idaho 8	33716
Future effective date of filing (opt	ional)·	
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nature of organizer(s). (An organizer	is a member, or is	
ng in behalf of a member or members).		
moture (the N	GMA	Secretary of State use only
ped Name: Jay Gustavser	<u> </u>	
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