

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 NOV -8 PH 3: 17

CE T	(Instructions on bac	ck of application)	- UNLTARY OF STALL
1.	The name of the limited liability company is:		STATE OF IDAHO
		Siblend LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 113 W. 43rd Street, Boise, Idaho 83714		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Gregory A. Byron	3101 W. Main, Suite 200, E	Boise, Idaho 83702
	(Name)	(Street Address)	
	The name and address of at least company:	one member or manager	of the limited liability
	<u>Name</u>	As	ddress
	James R. Hollister	113 W. 43rd Street, Boise,	Idaho 83714
		<del></del>	
5.	Mailing address for future correspo P.O. Box 7156, Boise, Idaho 83707-115	•	otices):
	F.O. BOX / 100, Boise, Idano 63/0/-119	0	
6.	Future effective date of filing (option	onal):	
Sign pers	nature of a manager, member o	r authorized	
pers			Secretary of State use only
-	ature		
Туре	ed Name: Gregory A. Byron, Organizer	<u> </u>	
Sian	ature		IDAHO SECRETARY OF STATE 11/08/2011 05:00
	ed Name:		CK: 5138 CT: 44531 BH: 1297390 1 0 100.00 = 100.00 ORGAN LLC 0 2

1 0 100.00 = 100.00 ORGAN LLC 0 2 1 0 20.00 = 20.00 EXPEDITE C # 3