



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

JUL 29 PM 12:29

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

C-ME, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1027 W. Floating Feather Rd

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Scott Scholz

(Name)

1027 W. Floating Feather Rd

(Street Address)

Eagle ID 83616

4. The name and address of at least one member or manager of the limited liability company:

NameAddressClare Scholz1027 W. Floating Feather RdEagle ID 83616

5. Mailing address for future correspondence (annual report notices):

1027 W. Floating Feather Rd. Eagle ID 83616

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: SCOTT SCHOLZ

Signature _____

Typed Name: _____

Secretary of State use only

LLC Form 100 Rev. 06/08
Revised 07/2008

IDaho SECRETARY OF STATE
07/29/2010 05:00
CK: 485415 CT: 172099 BH: 1232678
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