

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 DEC -6 PM 1:55

H	(mstructions on ba	ack of application)	SECRETARY OF STATE
1.	The name of the limited liability of	company is:	STATE OF IDAHO
		SUITE RYDE, LLC.	
_	The complete street and are a		I designated office.
2.	The complete street and mailing addresses of the initial designated office:		
	7501 Florence Ln. #202 Boise, ID. 83	704	
	(Street Address) 2996 E Tiber Dr. Meridian, ID 83642		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Ben Craig	2996 E Tiber Dr. Meridian, ID 83642	
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company: Name Address		
	Shawn Foster	7501 Florence Ln. #202 Boise, ID. 83704	
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=	Mailing address for future someon	sandanas (annual ran	aut matiana):
J .	Mailing address for future corresp	ponuence (annual rep	or notices).
	2996 E Tiber Dr. Meridian, ID 83642		
_			
6.	Future effective date of filing (opt	ional):	
Sig	nature of a manager, member	or authorized	
per	son.		
		5	Secretary of State use only
Sig	lature		
Тур	ed Name: Ben Craig		TABLIC OFFICE OF STATE
			IDAHO SECRETARY OF STATE 12/06/2011 05:00
Sia	nature		CK: CASH CT: 264723 BH: 1396597 1 B 188.00 = 100.80 ORSAN LLC # 2
			1100001
ıyp	ed Name:		W108854