



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY -7 PM 2:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MMCOM, LLC

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

6200 River Pointe Drive - Office, Boise, ID 83714

(Street Address)

P.O. Box 140477, Boise, ID 83714

(Mailing Address, if different than street address)

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

Michael G. Matzek

(Name)

6200 River Pointe Drive - Office, Boise, ID 83714

(Street Address)

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

Name

Address

Michael G. Matzek

P.O. Box 140477, Boise, ID 83714

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

P.O. Box 140477, Boise, ID 83714

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

Signature of a manager, member or authorized person.

Signature Michael G. Matzek
Typed Name: Michael G. Matzek

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/07/2013 05:00
CK: 2389 CT: 100281 BH: 1372806
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