

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 APR 29 PM 2: 05

1. The name of the limited liability company is:

SECRETARY OF STATE STATE OF IDAHO

	Envee, LLC
The complete street and mailing a	ddresses of the initial designated/principal office:
	son Street, Twin Falls, ID 83301
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street ad-	dress of the registered agent:
Nicole Veenendaal	575 Harrison Street, Twin Falls, ID 83301
(Name)	(Street Address)
he name and address of at least ompany:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Nicole Veenendaal	575 Harrison Street, Twin Falls, ID 83301
Mailing address for future correspo	ondence (annual report notices):
	son Street, Twin Falls, ID 83301
Future effective date of filing (option	onal):
ature of organizer(s). (An organizer is	s a member, or is
g in behalf of a member or members).	
nature M/leneMadl	Secretary of State use only
ed Name: Nicole Veenenda	al IDAMO SECRETARY OF ST.
Co Hallie,	9 04/29/2014 05:0
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ed Name:	<u>  2</u>

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