

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 NOV 13 PM 12: 13

	(Instructions on bac	k of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	AF Management LLC	•	
2.	The complete street and mailing addresses of the initial designated office:  1111 S. Orchard Ste. 114 Boise, Idaho 83705  (Street Address) P.O. Box 9836 Boise, Idaho 83707  (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Allison Findlay	1111 S. Orchard Ste.	114 Boise, Idaho 83705
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Address Allison Findlay P.O. Box 9836 Boise, Idaho 83707		
5.	Mailing address for future correspo P.O. Box 9836 Boise, Idaho 83707	ndence (annual repor	t notices):
6.	Future effective date of filing (optio	nal):	
Sig	nature of a manager, member o	r authorized	
Sign	ed Name: Allison Findlay		Secretary of State use only  IDAHO SECRETARY OF STATE  11/13/2014 05:00  CK:637 CT:302214 BH:1449214  100.00 = 100.00 ORGAN LLC
Sigi	nature		
Тур	ed Name:		

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