

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 SEP 13 AM 8:58

N. N.	(mstructions on back	or application)	DEURETARY OF STATE	
1.	The name of the limited liability company is:		STATE OF IDAHO	
	·	DID, LLC	£.	
2.	The complete street and mailing addresses of the initial designated/principal office: 1129 E Pine Ave Ste 104 Meridian, ID 83642 (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	All Day \$49 Idaho Registered Agent (Name)	1011 N 11th Coure D' Alene, II	D 83814	
4.	The name and address of at least one member or manager of the limited liability company: Name Address			
	Valbrenna Business Services	10400 W Overland Rd #351 B		
5.	Mailing address for future correspondented to the state of the state o	dence (annual report notice	es):	
6.	Future effective date of filing (options	al):		
_	nature of a manager, member or son.			
Sig	nature Blum 1/64	Sec	cretary of State use only	
Тур	ed Name: Bethany Hughes		IDAHO SECRETARY OF STATE	
Sig	nature		82565 CT: 172899 BH: 1298161 80.08 = 100.00 ORSAN LLC # 2	
	ed Name:		W106637	
			-	

cert_org_llc Rev. 07/2010