

Signature \_\_\_ Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 T	(Instructions on back of application)	03 0C1 19 by 1: 03
	(mondations on said of approacion)	SECRETARY OF STAT
1.	The name of the limited liability company is:	SECRETARY OF STAT STATE OF IDAHO
	Downtown Mattress LLC	· · ·
2.	The complete street and mailing addresses of the initial designated/	orincipal office:
	830 W. BANNOCK, BOISE, ID.	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
٠.	•	•
	SCOTT SHANE 830 W. Bannock (Street Address)	, Boise, ID, 83101
	(Name) (Street Address)	
		altast tiability
4.	The name and address of at least one member or manager of the lir company:	nited liability
	· · · · ·	. •
	SCOTT SHANE 830 W. Bannock	
	Boise, ID	
	83702	
		***
5.	Mailing address for future correspondence (annual report notices):	27.7*7
	830 W. Bannock, Boise ID, &	83/02
6.	Future effective date of filing (optional):	
_	nature of organizer(s). (An organizer is a member, or is	
acur		of State use only
Sign	nature Scott Strong	
_	ned Name: SCOTT Shave	

IDAHO SECRETARY OF STATE
10/16/2009 05:00
CK: 105 CT: 241474 BH: 1191493
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