

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 OCT 15 PM 3: 05

****	(Instructions or	n back of application)	SECRETARY OF STATE
1. The name	of the limited liabil	ity company is:	SECRETARY OF STATE STATE OF IDAHO
MOJO PRO	PERTIES, LLC		
	ete street and maili Street, Suite 104, Boise	ng addresses of the initi	al designated office:
(Street Addres			
(Mailing Addre	ss, if different than street ac	Idress)	
3. The name	and complete stree	et address of the register	red agent:
Michael B h	łowell	380 S. 4th Street, S	Suite 104, Boise, ID 83702
(Name)		(Street Address)	
company:	Name		nager of the limited liability  Address
Michael B Howell		380 S. 4th Street, Suite 104, Boise, ID 83702	
-	dress for future cor Street, Suite 104, Bois	respondence (annual re	port notices):
300 3. 4111	Street, Suite 104, Bois	e, 1D 00702	
6. Future effe	ective date of filing	(optional):	
•	a manager, meml	ber or authorized	
person.	<del>-</del> 1/		Secretary of State use only
Signature	Michael B Howell		IDANO SECRETARY OF STATE
Typed Name:	Michael B Howell		10/15/2014 05:00 CK:12020 CT:105889 BH:14

10 100.00 = 100.00 ORGAN LLC #2

W143236

Signature \_\_\_\_\_ Typed Name: \_\_\_\_\_