

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

1		2015 MAY 18 AM 10: 21	
1.	The name of the limited liability company is:	SECRETARY OF STATE	
	Mr. Rekey of Boise, LLC	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of	the initial designated/principal office:	
	2834 S. Garibaldi Ave., Meridian, ID 83642 (Street Address)		
	(Mailing Address if different than street address)		
3.	The name and complete street address of the registered agent:		
	Andrew Propst (Name)	2834 S. Garibaldi Ave., Meridian, ID 83642 (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company?		
	Name Andrew Propst	Address 2834 S. Garibaldi Ave., Meridian, ID 83642	
5	Mailing address for future correspondence (an 2834 S. Garibaldi Ave., Meridian, ID 83642	nual report notices):	
_			
6	Future effective date of filing (optional):		
Signa or it a	ture of organizer(s) (An organizer is a member, cting on behalf of a member or members).	Secretary of State use only	
Capac Signat	Name: Kenley E. Grover	IDAHO SECRETARY OF STATE  05/18/2015 05:00  CK:1996 CT:150736 BH:1475794  16 100.00 = 100.00 ORGAN LLC #2	
<b>Sapac</b>	ity:	Addres	

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