

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

ED LIABILITY COMPANY 12 MMY 24 AT 9: 22

(Instruct	ions on back of appl	ication)	
	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAGO
G'ru LLC			
2. The complete street an			esignated office:
4280 E. Burgund (Street Address)	y Dr. Nampa, ID	8 3686	
(Mailing Address, if different than	street address)		
3. The name and complet	e street address of t	the registered a	agent:
Lauren Hartford (Name)	H29 (Street	BOE Burge Address)	undy Dr. Nampa, 1D 83686
The name and address company:	of at least one men	nber or manage	er of the limited liability
<u>Name</u>			Address
Joshua Siverson	336	W. Washingto	n Ave. Nampa, 1D 83686
			- Vende succellers a
5. Mailing address for futu	ire correspondence	(annual report	notices):
4280 E. Burgundy	1 Dr. Nampa, 10	83686	
6. Future effective date of	filing (optional):		
Signature of a manager, person.	member or author	rized	
portorn.			Secretary of State use only
Signature When Sime		_	
Typed Name: Joshua			
Signature			IDAHO SECRETARY OF STATE 05/24/2012 05:08
Typed Name:			CK: 585 CT: 279754 BH: 132551

cert_org_lic Rev. 07/2010