

Typed Name: ____

CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY 11 JUN 24 PM 1: 54

			11 001 27 111 1:04	
TO TO	(Instructions on I	pack of application)	JEGRETARY OF STAIL	
1. The nan	ne of the limited liability	company is:	STATE OF IDAHO	
		Dream, LLC		
2. The con	nplete street and mailing	g addresses of the initia	l designated/principal office:	
	inton Street, Boise, Idaho 83	704		
(Street Ad	dress)			
(Mailing A	ddress, if different than street addre	9\$S)		
3. The nan	ne and complete street	address of the registere	ed agent:	
Casey S	Smith	6111 Clinton Street, Boise, Idaho 83704		
(Name)	(Name) (Street Address			
Casey S	Name mith	6111 Clinton Street,	Address 6111 Clinton Street, Boise, Idaho 83704	
Casey S	smith	6111 Clinton Street,	6111 Clinton Street, Boise, Idaho 83704	
Jeffrey F	Fieldstad	6111 Clinton Street,	6111 Clinton Street, Boise, Idaho 83704	
Karin Ro	Karin Rosquist 61		6111 Clinton Street, Boise, Idaho 83704	
Amber D	Dilworth	6111 Clinton Street,	6111 Clinton Street, Boise, Idaho 83704	
Michael	Michael Monroe 6111 Clinton		Boise, Idaho 83704	
Mailing a	address for future corre	spondence (annual repo	ort notices):	
6111 Cli	nton Street, Boise, Idaho 83	704		
6. Future e	ffective date of filing (or	otional):		
	J ()			
Signature o person.	f a manager, membe	r or authorized		
			Secretary of State use only	
Signature(asu	<u> </u>		
Typed Name	: Casey Smith		naturation of Atati	
01			IDAHO SECRETARY OF STATE 06/24/2011 05:00	

CK: 714157 CT: 172099 BH: 1279921 1 8 188.80 = 180.80 ORGAN LLC # 2

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