



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2014 AUG -6 AM 11:43

1. The name of the limited liability company is:

P. Alexander i Associate, LLC SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

1923 S. Fountain Creek Pl
(Street Address)

Eagle, IDAHO 83616
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Peter Alexander Evans
(Name)

1923 S. Fountain Creek Pl
(Street Address)
Eagle ID 83616

4. The name and address of at least one member or manager of the limited liability company:

Peter Alexander Evans
Name

1923 S. Fountain Creek Pl Eagle ID 83616
Address

5. Mailing address for future correspondence (annual report notices):

1923 S. Fountain Creek Place Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Peter A. Evans

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/06/2014 05:00

CK:CASH CT:299800 BH:1436218
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W140745