

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 FEB 25 PH 4: 27

	(Instructions on ba	ck of application)	STATE OF IDAHO
1. The na	me of the limited liability c	ompany is:	STATE OF IDAHO
		Kobe Family LLC	
2. The co	mplete street and mailing a	•	esignated/principal office
2. THE 00	_	Eagle Court, Boise, Idaho 8	
(Street A			
(Mailing	Address, if different than street address	)	
3. The na	me and complete street ad	dress of the registered	agent:
	Matt Kobe	5699 Little Eagle	Court, Boise, Idaho 83705
(Name)		(Street Address)	
4. The na	me and address of at least ny:	one member or manag	er of the limited liability
	<u>Name</u>	<u>Address</u> 5699 Little Eagle Court, Boise, Idaho 83705	
*******	Matt Kobe	5699 Little Eagle	Court, Boise, Idano 83705
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5. Mailing	address for future corresp	•	•
	5699 Little	Eagle Court, Boise, Idaho 8:	3/05
6 Future	effective date of filing (opti	nnal).	
v. i uture	circuite date of filling (option	JIIGI.J	
Signature o	f organizer(s). (An organizer i	s a member, or is	
_	alf of a member or members).	aiiiaaii ax ta	
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