



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

2015 JAN -9 AM 11:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

C15 LLC

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

1627 S Orchard Street, Suite 24 Boise Idaho 83705

(Street Address)

(Mailing Address, if different than street address)

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

Jim D Conger

(Name)

1627 S Orchard Street, Suite 24 Boise Idaho 83705

(Street Address)

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

**Name**

**Address**

Jim D Conger

1627 S Orchard Street, Suite 24 Boise Idaho 83705

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

1627 S Orchard Street, Suite 24 Boise Idaho 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jim D Conger, member

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2015 05:00

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