



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 JAN -7 AM 11:30

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Wear Boise LLC

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

820 N. 18th St., Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Lisa McGrath

(Name)

820 N. 18th St., Boise, ID 83702

(Street Address)

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

Name

Address

Lisa McGrath

820 N. 18th St., Boise, ID 83702

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

820 N. 18th St., Boise, ID 83702

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Lisa McGrath

Signature _____

Typed Name: _____

Secretary of State use only

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