

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

(Instructions on back of application)

08 OCT 21 PM 2:41

SECRETARY OF STATE

Pi	rism Ventures LLC
The complete street and mailing add	dresses of the initial designated/principal office:
•	. Cory St. Boise, ID 83704
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Patrick Martin	10002 W. Cory St. Boise, ID 83704
(Name)	(Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
<u>Name</u>	Address
Patrick Martin	10002 W. Cory St. Boise, ID 83704
Deborah Martin	10002 W. Cory St. Boise, ID 83704
Mailing address for future correspond	dence (annual report notices):
•	dence (annual report notices): . Cory St. Boise, ID 83704
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10002 W.	. Cory St. Boise, ID 83704
10002 W.	. Cory St. Boise, ID 83704
Future effective date of filing (options	al):
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Future effective date of filing (options nature of organizer(s). (An organizer is a g in behalf of a member or members).	al):  member, or is  Secretary of State use only
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