LED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

08 DEC 19 PM 4: 13

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability comp	IA Holdings, LLC		
The complete street and mailing addr		I designated/principal office:	-
•	esses of the initial arbor Lane, Boise, ID	•	
(Street Address)	· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————	-
(Mailing Address, if different than street address)	same		
The name and complete street address	ss of the registere	d agent:	
TJ Angstman	3649 Lake Ha	arbor Lane, Boise, ID 83703	_
(Name)	(Street Address)		_
The name and address of at least one company:	e member or man	ager of the limited liability	, á
Hame Angstman Johnson & Associates PLLC	3649 Lake H	arbor Lane, Boise, ID 83703	
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Mailing address for future correspond	ence (annual repo arbor Lane, Boise, ID (
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Future effective date of filing (optional	D:		
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	nember, or is	Special pay of State was mile	-43
ng in behalf of a member or members).		Secretary of State use only	14.5
ng in behalf of a member or members).		Secretary of State use only	· ·
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ng in behalf of a member or members).	One	Secretary of State use only Socretary of State use only IDAHO SECRETARY OF	(q