

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE

The name of the limited liability co	ompany is:	STATE OF IDAHO
	Collaborations, LLC	, in the second
		designated/principal office:
(Street Address)	Boise, ID 83706	
(Mailing Address, if different than street address)		
The name and complete street add	dress of the registered	agent:
Steven L. Thorson	2912 Holden A	venue, Boise, ID 83706
(Name)	(Street Address)	
The name and address of at least company:	one member or manag	er of the limited liability
Name	Address	
Steven L. Thorson	2912 Holden A	venue, Boise, ID 83706
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2912 Hold	len Avenue, Boise, ID 837	06
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	(Street Address) (Mailing Address, if different than street address) The name and complete street address of Steven L. Thorson (Name) The name and address of at least of company: Name Steven L. Thorson Mailing address for future correspondence in the corres	The complete street and mailing addresses of the initial of 2912 Holden Avenue (Street Address) Boise, ID 83706 (Mailing Address, if different than street address) The name and complete street address of the registered Steven L. Thorson 2912 Holden A (Name) (Street Address) The name and address of at least one member or manage company: Name Steven L. Thorson 2912 Holden A 2912 Holden A