

Printed Name:

Signature:_

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2015 NOV 16 AM 10: 26

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

| The complete street and r | mailing addresses of the pr | incipal office is: | |
|---------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------|--|
| 295 S. Agate Victor ID 83 | 3455 | | |
| (Street Address) | | | |
| (Mailing Address, if different) | | | |
| The name and complete s | street address of the registe | ered agent: | |
| Zahe Elabed | 7210 S Cliffsio | 7210 S Cliffside Ln Idaho Falls ID 83406 | |
| (Name) | (Address) | | |
| The name and address of | at least one governor of th | e limited liability company: | |
| Zahe Elabed | f at least one governor of the limited liability company: 7210 S Cliffside Ln Idaho Falls ID 83406 | | |
| (Name) | (Address) | 2.1.00.10 7 0.10 1.2 | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| • | correspondence (annual re | · | |
| (Address) | es 1480 N Woodruff Ave Id | ano Falis ID 83401 | |
| (Addiess) | • | | |
| | | | |
| ture of organizer(s). | | Secretary of State use only | |

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