

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 FEB -4 AM

	LIMITED LIABIL	ITY COMPANY 2014F	EB-4 AM 8:41
T TO	(Instructions on ba	ck of application)	ETARY OF STATE TE OF IDAHO
1. The	name of the limited liability c	ompany is:	TE OF TOME
Wise	er Ventures, LLC	4.7	
223	complete street and mailing a DS Cole Rd Suite 140 Boies, Idah et Address)	ddresses of the initial designa 83709	ted office:
(Maili	ng Address, if different than street address		
3. The	The name and complete street address of the registered agent:		
Tho	mas Z Wiser	2714 S Harbour Springs St. Na	mpa, Idaho 83686
(Nam	e)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
Tho	<u>Name</u> mas Z Wiser	Address 2714 S Harbour Springs St. Nampa, Idaho 83686	
	ng address for future corresp 4 S Harbour Springs St. Nampa, Id	ondence (annual report notice aho 83686	s):
6. Futui	re effective date of filing (opti	onal):	
Signatur person.	e of a manager, member		
	M ///	Seco	etary of State use only
Signature Typed Na			
i ypcu 146	21116.		
Signature	<b>)</b>		IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

02/04/2014 05:00

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Typed Name: \_