

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2016 OCT 19 AM 11: 50

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

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

1. The name of the limited liability company is:

The complete street and mailing a	dresses of the principal office is:
12592 WEST EXPLORER DRIVE, SUITE 125, BOISE ID 83713	
Street Address)	3011L 123, DOIGE 1D 007 13
Mailing Address, if different)	
The name of the registered agent and street address of the registered agent:	
Name)	(Address cannot be a post office box or postal mail box)
The name and address of at least	one governor of the limited liability company:
AnchorPoint Accounting, PLLC	12592 W Explorer Dr., STE 125, Boise ID 83669
Name)	(Address)
Name)	(Address)
	(8-2)
Name)	(Address)
Name)	
Name)	
Name)	(Address)

Signature of organizer(s)

Signature: Custo Illour

Printed Name: AnchorPoint Accounting, PLLC

Signature:

Printed Name:

Rev. 11/2015

Secretary of State use only

10/19/2016 05:00

CK:3028 CT:330288 BH:1551553 16 100.00 = 100.00 ORGAN LLC #2

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