

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2014 MAY 14 PH 12: 00

SECRETARY OF SILTE

<b>€</b> ₹ <b>9</b>	(Instructions on	back of application	۱)	STATE OF IDAHO
1. The name	of the limited liabilit	ty company is:		
Chica Capi	ital Group LLC			
2. The compl	complete street and mailing addresses of the initial designated office:			
2274 West	t Forest Grove Court, Ea	igle, ID 83616		
(Street Addres	SS)			
(Mailing Addre	ess, if different than street add	tress)		
3. The name	and complete stree	t address of the reg	gistered agen	t:
Glade Pou	Glade Poulsen 2274 West Forest Grove Court, Eagle, ID 83616		rt, Eagle, ID 83616	
(Name)		(Street Address)	(Street Address)	
company:	<u>Name</u>		Addr	ess
Glade Pou		2274 West Fo	2274 West Forest Grove Court, Eagle, ID 83616	
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<del></del>	<del></del>			
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_	dress for future corre	•	al report notic	es):
2274 West	t Forest Grove Court, Ea	gle, ID 83616		_
6. Future effe	ective date of filing (	optional):		
Signature of a person.	a manager, memb	er or authorized		
person.	11 /		S	ecretary of State use only
Signature	XMaile T c		_	
Typed Name: Glade Poulsen, Manager				DAMO SECRETARY OF STAT 05/14/2014 05:00
			CK:56	443 CT:21288 BH:14
Signature			10 100	.00 = 100.00 ORGAN
Typed Name:				10137891