



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 APR 23 AM 9:45

SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

PTMagnusonLLC

2. The complete street and mailing addresses of the initial designated office:

1202 N. 8th St., Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Phillip T. Magnuson

(Name)

1202 N. 8th St., Boise, ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Phillip T. Magnuson

1202 N. 8th St., Boise, ID 83702

5. Mailing address for future correspondence (annual report notices):

1202 N. 8th St., Boise, ID 83702

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Phillip T. Magnuson

Typed Name: Phillip T. Magnuson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 04/23/2012 05:00
 CK: 7484710005 CT: 191968 BH: 1328842
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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