



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

2015 JUN 23 PM 3:11

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Foxglove LLC

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

1111 S. Orchard Boise, ID 83705

(Street Address)

P.O. Box 9836 Boise, ID 83707

(Mailing Address, if different than street address)

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

Scott Findlay

(Name)

1111 S. Orchard Boise, ID 83705

(Street Address)

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

Scott Findlay

Name

Address

P.O. Box 9836 Boise, ID 83707

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

P.O. Box 9836 Boise, ID 83707

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Scott Findlay

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2015 05:00

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