

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR -3 AM 8: 23

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability comp	pany is:	STATE OF IDAHO"	
В	Selnap Ventures LLC		
2. The complete street and mailing addr	esses of the initial de:	signated/principal office:	,
846 Barnwood	Drive Ammon, Idaho 834	06	
(Street Address)		· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street address)		<u></u>	r
3. The name and complete street addres	ss of the registered ac	gent:	
Michael Scott Belnap	846 Barnwood Driv	ve Ammon, Idaho 83406	
(Name)	(Street Address)		
	No.		
 The name and address of at least one company: 	e member or manager	r of the limited liability	W.
Mame Michael Scott Belnap	A 846 Barnwood Driv	<u>Address</u> ve Ammon, Idaho 83406	*
Kalli Belnap	1::	ve Ammon, Idaho 83406	
	A. A		
		And the second	
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. Mailing address for future correspond	ence (annual report n	otices):	, .
846 Barnwood	Drive Ammon, Idaho 834	06	•
		and the second of the second o	to gi
 Future effective date of filing (optional 	l):		
gnature of organizer(s). (An organizer is a m	nember, or is	and the second s	
ating in behalf of a member or members).	6 144 24	Secretary of State use only	
ignature Michael Scott Belijap		KD 4 12 DV 3 DAO 30500	
yped Name.	ms/cert	IDANO SECRETARY OF	STATE
ignature Kalli Baluse	g/corp/forms/LLC forms/cer. Revised 07/2008	04/03/2009 CX: 3367 CT: 235779 P	85 : 8 #: 11643
yped Name: Kalli Belnap	Wormsy	1 2 100.00 = 100.00 C	rgan LLC
	g.corp	W828	105
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