

## CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY 11.1819.21 AM 8:54

(Instructions on	back of application)	IIJUNZI AN 0-34
(manucuona on	back of application)	SECRETARY OF STATE
1. The name of the limited liability	y company is:	STATE OF IDAHO
	Cohesion Properties, LLC	
2. The complete street and mailing	g addresses of the initia	l designated/principal office:
3319 Mountain View Dr. Boise, ID 8	33704	
(Street Address) 3319 Mountain View Dr. Boise, ID 8	R3704	_
(Mailing Address, if different than street addr		
3. The name and complete street	address of the registere	ed agent:
Corby W. Goade	3319 Mountain View	Dr. Boise, ID 83704
(Name)	(Street Address)	
The name and address of at leacompany:     Name	ast one member or man	ager of the limited liability
Heather A.J. Eshelby-Goade	3310 Mountain View	Dr. Boise, ID 83704
Corby W. Goade	Corby W. Goade 3319 Mountain View Dr. Boise, ID 83704	
E Mailing addraga for future corre	anondonas /annual ron	ort notices):
5. Mailing address for future corre		on nouces).
3319 Mountain View Dr. Boise, ID 8	33704	
6. Future effective date of filing (o	ntional).	
o. Tutare enective date of ming (o	ptional)	
Signature of a manager, membe	or or authorized	
person.	i or authorized	
////		Secretary of State use only
Signature		
Typed Name: Corby W. Goade		
that the		IDAHO SECRETARY OF STATE
Signature Will Signature		CK: 4813 CT: 259999 BH: 1279345
Typed Name: Heather A.J. Eshelby-Go	oade	1 9 100.00 = 100.00 ORGAN LLC # 2

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