

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 JUE 31 AM 8: 51

(Instructions	on	back	of	application)
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	(instructions on back of a	ppincation) OF THE AND THE PROPERTY OF THE PRO		
	e name of the limited liability compan	y is: SECRETARY OF STATE STATE OF LOWING		
1	e complete street and mailing address 705 S Milwaukee St, Boise, ID 83709 treet Address)	ses of the initial designated office:		
	lailing Address, if different than street address)	of the registered proof.		
J. 1110	e name and complete street address of	or the registered agent.		
		1705 S Milwaukee St, Boise, ID 83709		
(N	ame) (Str	eet Address)		
	e name and address of at least one m mpany:	nember or manager of the limited liability		
	<u>Name</u>	Address		
	ichard M Darmody Jr 170	1705 S Milwaukee St, Boise ID 83709		
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		<u> </u>		
5. Ma	iling address for future correspondence	ce (annual report notices):		
17	705 S Milwaukee St, Boise, ID 83709			
e 5.4				
6 . Ful	ture effective date of filing (optional): _			
Signatı erson,	ure of a manager, member or auth	norized		
	1-0 0 0 0	Secretary of State use only		
	Name: Richard M Darmody Jr	IDAHO SECRETARY OF STATE 07/31/2814 85:88		
Sianate.		CK:16378 CT:299584 BH:143544		
	Name:			
shaa i	Name:	- WI40665		

9/21/2012