

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) 12 FEB 16 AM II: 52

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STATE OF STATE

. The name of the infined habi	my company is.	STATE OF TUARIC			
	Main Street Online LLC				
6926 N Misty Cove Boise, ID 837	he complete street and mailing addresses of the initial designated office: 6926 N Misty Cove Boise, ID 83714				
(Street Address)					
(Mailing Address, if different than street a	ddress)				
The name and complete street address of the registered agent:					
Adam Frost		ve Boise, ID 83714			
(Name)	(Street Address)	(Street Address)			
The name and address of at least one member or manager of the limited liability company:					
<u>Name</u>		<u>Address</u>			
Adam Frost	6926 N Misty Cov	/e Boise, ID 83714			
					
Mailing address for future correspondence (annual report notices):					
6926 N Misty Cove Boise, ID 837	14				
Future effective date of filing	(optional):				
gnature of a manager, meml	ber or authorized				
erson.		Secretary of State use only			
gnature		,			
ped Name: Adam Frost					
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