

CERTIFICATE OF ORGANIZATION 12 MAY 24 PH 4: 09

TE TO	(Instructions on I	back of application)	STAPAY OF TOO
1. The r	name of the limited liability	company is:	STATE OF STATE
		KDH1BIDS,LLC.	70
2. The c	he complete street and mailing addresses of the initial designated office:		
3777	W. Twilight Dr Boise Idaho 837	703	
(Stree	t Address)		
(Mailir	ng Address, if different than street addr	ess)	
3. The r	The name and complete street address of the registered agent:		
KAY	Dawn Hemmer	3777 W. Twilight Dr. I	Boise Idaho 83703
(Name	e)	(Street Address)	
4. The r	name and address of at lead pany:	ast one member or mana	ager of the limited liability
	<u>Name</u>		<u>Address</u>
Kay	Dawn Hemmer	3777 W. Twilight Dr. Boise Idaho 83703	
5. Mailir	ng address for future corre	spondence (annual repo	ort notices):
	W. Twilight Dr. Boise Idaho 83	,	,
6. Futur	e effective date of filing (o	ptional):	
Signature person.	e of a manager, membe	r or authorized	
Signature		Emil	Secretary of State use only
Typed Na	amé: Kay Dawn Hemmer		
Signature	· •		
Typed Na		TI 10-17-17-17-17-17-17-17-17-17-17-17-17-17-	IDAHO SECRETARY OF STATE U5/24/2012 05:00

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CK: 1005270 CT: 172099 BH: 1325616 1 0 100.00 = 100.00 ORGAN LLC # 2