



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2014 MAR -6 AM 9: 11

1. The name of the limited liability company is:

Olivin LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

12990 W Scotfield Ct., Boise ID 83713

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jenna Maguire

(Name)

12990 W Scotfield Ct., Boise, ID 83713

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Joyce E Renoff

Address

12990 W Scotfield Ct., Boise, ID 83713

5. Mailing address for future correspondence (annual report notices):

12990 W Scotfield Ct., Boise, ID 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature M. Lambright

Typed Name: Michelle R. Lambright CPA

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
03/06/2014 05:00
CK: 252 CT: 293932 BH: 1413985
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 135200