

Signature

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 NOV 12 PM 3: 38

Y W	(instructions on pac	ck or application)	
1.	The name of the limited liability co	ompany is:	SECRETARY OF STATE STATE OF IDAHO
		Deeder Company, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	199 N Capitol Blvd., Suite 600, Boise, Idaho 83702		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	E Don Copple	199 N Capitol Blvd.,	Suite 600, Boise, Idaho 83702
	(Name)	(Street Address)	
	company: Name Charlette Alloway	199 N Capitol Blvd.,	Address Suite 600, Boise, Idaho 83702
5.	Mailing address for future correspondence (annual report notices): 199 N Capitol Blvd., Suite 600, Boise, Idaho 83702		
6.	Future effective date of filing (optional):		
Sign	nature of organizer(s). (An organizer is g in behalf of a member or members).	a member, or is	

Secretary of State use only

Charlette Alloway Typed Name: ____ Signature_ Typed Name:

IDAHO SECRETARY OF STATE
11/13/2008 05:00
CK: 5902 CT: 2582 BH: 1144172
1 0 180.00 = 100.00 ORGAN LLC # 2