

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 17 AM 9: 08

1.	The name of the limited liability com	pany is:	SECRETARY SAME STATE OF ESTAPO
2.	The complete street and mailing add 454 N. Phillippi Boise, Idaho 83706 (Street Address)	resses of	the initial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Craig Smith	2900 herita	ige ave, Boise, ID 83709
	(Name)	(Street Addre	
4.	The name and address of at least on company:  Name  Craig Smith	t one member or manager of the limited liability  Address 2900 heritage ave, Boise, ID 83709	
5.	Mailing address for future correspond 2900 heritage ave, Boise, ID 83709	dence (anr	nual report notices):
6.	Future effective date of filing (optional	ıl):	
_	nature of a manager, member or a son.	authorized	
Qi~	nature Cracis NSmitt	2	Secretary of State use only
	ned Name: Resident Pres	idenT	
_	nature		IDAHO SECRETARY OF STATE 01/17/2014 05:00
Тур	ed Name:		CK: 598 CT: 291885 BH: 1406552 1 0 100.00 = 100.00 ORGAN LLC # 2

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