



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 NOV 18 PM 3:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kai LLC

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

1512 N 6th Street, Boise ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Mark Joffe

1512 N 6th Street, Boise ID 83702

(Name)

(Street Address)

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

<u>Name</u>	<u>Address</u>
Mark Joffe	1512 N 6th Street, Boise ID 83702
Tara Joffe	1512 N 6th Street, Boise ID 83702

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

1512 N 6th Street, Boise ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Mark Joffe
Typed Name: Mark Joffe

Signature Tara Joffe
Typed Name: Tara Joffe

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2013 05:00
CK: 1140 CT: 289006 BH: 1398534
1 @ 100.00 = 100.00 ORGAN LLC # 2

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