



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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:

Name

Address

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

Secretary of State use only

Typed Name: _____

Signature _____

Tara Joffe

Typed Name: _____

IDaho SECRETARY OF STATE
11/18/2013 05:00
CK: 1148 CT: 289886 BH: 1398534
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