

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 MAY 14 PM 4: 20

(Instructions on back of app	lication) SECRETARY OF STATE
1. The name of the limited liability company	is: STATE OF IDAHO
J.W. Howell COUST/	UCTERL 1/C
2. The complete street and mailing addresses	s of the initial designated office:
805 West Linden S	F Borse, Idaho 83706
	<u> </u>
(Mailing Address, if different than street address)	
The name and complete street address of t	he registered agent:
JAMES W HOWELL (Street)	805 West Linden ST Bose Address) Roboto 8324
The name and address of at least one mem company:	ber or manager of the limited liability
Name James W. Howell 9	Address 105 West Linden ST Boise Ral 83706
SAMES W. HOWELL &	05 West Linden ST Boise Id
	83706
5. Mailing address for future correspondence (<u> </u>
and the correspondence (a	annual report notices):
805 West Linden ST	BOISE, SLAHO 83706
6. Future effective date of filing (optional):	
Signature of a manager, member or authorizoerson.	zed
Signature	Secretary of State use only
Typed Name: JAMes W- Howell	05/14/2015 05:00
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