	FILED EFFECTI
CERTIFICATE OF ORGANIZATION	
LIMITED LIABILITY COMPANY	0010 1404
(Instructions on back of application)	2011 NOV - 3 PM
	SECRETARY OF STATE OF IDA
1. The name of the limited liability company is:	STATE OF IDA
NOBBMZ LLC	
2. The complete street and mailing addresses of the initial designation of	inated/principal office:
<u>3207 Hansen Ave Boise ID 83703</u> (Street Address)	······
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered age	nt:
Joshya Grad <u>3207 Hansen Ave</u>	Boise IO 83703
4. The name and address of at least one member or manager of	f the limited liability
company:	
	<u>ress</u> በ. ነረ .
Joshua Grad 5207 Hansen Av	e Boise IO 83703
5. Mailing address for future correspondence (annual report not	ices):
3207 Honsen Ave Boise ID 83703	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature	
yped Name: Joshua Grad	
Signature	
	IDAHO SECRETARY OF STATE 11/04/2011 05:00

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