

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the li	mited liability cor	mpany is:	STATE OF IDAHO				
	Strate	egic Realty Services L	LC				
2. The complete stree	et and mailing ad	dresses of the init	ial designated/principal office:				
•	6732 W.	State St., Boise, Id 8	33714				
(Street Address)							
(Mailing Address, if differe	nt than street address)						
3. The name and con	The name and complete street address of the registered agent:						
Darren B	laser	1955 N. Pr	estwick Way, Eagle, Id 83616				
(Name)		(Street Address)					
The name and add company:	The name and address of at least one member or manager of the limited liability company:						
<u>Na</u>	Address						
Darren	Darren Blaser 1955 N. Prestwick Way, Eagle, Id 83616						
			· · ·				
5. Mailing address for	future corrector	adonoo /annual re	nort nations):				
o. Maining address for	•	State St., Boise, Id 8	•				
6. Future effective da	te of filing (option	nal):					
		,					
Signature of organizer(S). (An organizer is a	a member, or is					
acting in behalf of a membe	-						
		√ g	Secretary of State use only				
Signature			•				
Typed Name:	Darren Blaser	lost too	IBANO SECRETARY OF STATE				
0'		LC formstoart_org_Mc.PMID	CX: 1109 CT: 234292 3M: 1174161				
Signature		[3g	1 & 140-00 * 100-80 (WOM FTF 3				

Typed Name: _____