

Signature\_

Typed Name:

Jared Goodpaster

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

II MAR 2R PM 2-22

17:3	(Instructions on back	c of application	on)	11 1180 50 LU 2.53	
1.	The name of the limited liability company is:			STATE OF IDAHO	
			.LC	o mile of Iballu	
2.	The complete street and mailing addresses of the initial designated/principal office: 1187 River Street, Boise, ID 83702				
	(Street Address) 1187 River Street, Boise, ID 83702				
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Ryan Peck	1187 River S	1187 River 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  1197 Deals		Address		
	Ryan Peck	1 101 Kivel 3	1187 River Street, Boise, ID 83702		
	Jared Goodpaster	1187 River Street, Boise, ID 83702			
			- <del></del>	<del></del>	
5.	Mailing address for future correspondence (annual report notices):				
	1187 River Street, Boise, ID 83702				
6.	Future effective date of filing (option	nal):			
_	nature of a manager, member or	authorized			
per	son.		Secr	etary of State use only	
Sig	nature				
	ed Name: √Ryan Peck	<del></del>		IRANA OFFICETARY OF STATE	

IDAHO SECRETARY OF STATE

93/26/2011 95:00

CX: 639285 CT: 172899 BH: 1266488
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