

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 20 PM 3: 01

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability of	company is:
	02 GRAVES LLC
	addresses of the initial designated/principal office:
(Street Address)	OOK, 012 300, B0102, 10/11/0 00/12
(Malling Address, if different than street address	8)
The name and complete street ac	ddress of the registered agent:
L. SCOTT GRAVES	950 W. BANNOCK, STE 950, BOISE, IDAHO 83702
(Name)	(Street Address)
L. SCOTT GRAVES	950 W. BANNOCK, STE 950, BOISE, IDAHO 83702
L. SCOTT GRAVES	950 W. BANNOCK, STE 950, BOISE, IDAHO 83702
,	
	4 (0)
	pondence (annual report notices): NOCK, STE 950, BOISE, IDAHO 83702
900 11. 051111	
Future effective date of filing (opt	tional):
gnature of organizer(s). (An organizer ting in behalf of a member of members).	r is a member, or is
/ Must Hight	Secretary of State use only
ped Name: AMY KNIGH	T
ped Name.	
ignature	IDAMO SECRETARY OF STA 95/20/2016 05
yped Name:	CK: 18871 CT; 20168 BH: 1