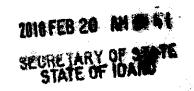


## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate.



1. The name of the limited liability company is: Plue O I Proporties II C

(Street Address)			
(Mailing Address. if different)			
The name and complete street	address of the registered ag	ent:	
David W. Hockman	1458 S. Blue Jay Place, Eagle, ID 83616		
(Name)	(Address)		
The name and address of at lea	ast one governor of the limite	ed liability company:	
Noah Edvalson	11988 W. Hickory Dr., Boise, ID 83713		
(Name)	(Address)	· · · · · · · · · · · · · · · · · · ·	
(Name)	(Address)		
(Name)	(Address)	(Address)	
(Name)	(Address)		
Mailing address for future corre	enondence (annual report n	nticae).	
11988 W. Hickory Dr., Boise	• • • • • • • • • • • • • • • • • • • •	onces).	
(Address)	, .5 00, 10	<del></del>	
ature of organizer(s).		Secretary of State use only	
ed Name: Noah Edvalson		Secretary of State use only  IDAHO SECRETARY OF STATE	
11050		02/21/2018 05:00	
ature: WW 2		CK:4101 CT:281696 BH:162784	

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W197252

Printed Name:

Olivia Edvalson

Signature:

Rev. 01/2018