



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 MAR 25 AM 11:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WALKERIDE LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C., or LC)

2. The complete street and mailing addresses of the principal office is:

1869 N YELLOWSTONE HWY STE 6 IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

SARA WALKER

2437 EAGLE DR APT 102 AMMON, ID 83406

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

SARA WALKER

2437 EAGLE DR APT 102 AMMON, ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

2437 EAGLE DR APT 102 AMMON, ID 83406

(Address)

Signature of organizer(s).

Printed Name: **SARA WALKER**

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/27/2018 05:00

CK:2847 CT:93548 BH:1634548

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