



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 FEB 27 PM 4:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bona Fide Connections, LLC

2. The complete street and mailing addresses of the initial designated office:

18262 Harvester Ave., Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Julie Thompson

(Name)

18262 Harvester Ave., Nampa, ID 83687

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Julie Thompson

18262 Harvester Ave., Nampa, ID 83687

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

18262 Harvester Ave., Nampa, ID 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Julie Thompson

Typed Name: Julie Thompson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/27/2012 05:00
CK: 915043 CT: 172099 BH: 1312460
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3