



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2015 MAY -4 AM 10:21

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

TURNROOM LLC

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

2110 E. 5000 SOUTH

(Street Address)

VICTOR, ID 83455

(Mailing Address, if different than street address)

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

TIM EBERLY

(Name)

2110 E. 5000 South Victor, ID 83455

(Street Address)

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

Name

TIM EBERLY

Address

2110 E. 5000 South Victor, ID 83455

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

2110 E. 5000 SOUTH Victor, ID 83455

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Tim EBERLY

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

05/04/2015 05:00

CK:1452 CT:309758 BH:1473779
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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