



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 OCT 24 AM 11:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T&J HOSPITALITY, LLC

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

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

870 MORNING SUN DRIVE, TWIN FALLS, IDAHO

(Street Address)

P.O. BOX 5244, TWIN FALLS, ID 83303

(Mailing Address, if different)

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

JOSEPHINE CAMPOMANES

870 MORNING SUN DRIVE, TWIN FALLS, IDAHO

(Name)

(Address cannot be a post office box or postal mail box.)

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

JOSEPHINE CAMPOMANES

870 MORNING SUN DRIVE, TWIN FALLS, IDAHO

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. BOX 5244, TWIN FALLS, ID 83303

(Address)

Signature of organizer(s).

Signature: Josephine Campomanes

Printed Name: JOSEPHINE CAMPOMANES

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/24/2016 05:00

CK:25736 CT:329863 BH:1552091
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