

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 NOV 22 AM 9: 20

(Instructions on back of application)

589 Three Rivers Way Fruitland, ID 83619 (Street Address) (Mailing Address, if different than street address)	The complete street and mailing a	addresses of the initial designated office:	
(Mailing Address, if different than street address) The name and complete street address of the registered agent: National Registered Agents, Inc. (Name) 921 S. Orchard Street Ste. G. Boise, ID 83705 (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address James L. Casad 589 Three Rivers Way Fruitland, ID 83619 Kimi L. Casad Mailing address for future correspondence (annual report notices): 589 Three Rivers Way Fruitland, ID 83619 Future effective date of filing (optional): gnature of a manager, member or authorized spinature Agents Secretary of State use only spinature Secretary of State use only	•	J	
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