251

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 MAR -8 AM 11: 25

***	Complete and submit the a	pplication in <u>duplicat</u>	SECRETARY OF STATE STATE OF IDAHO	
1.	he name of the limited liability company is:			
	(Remember to include the words "Limited Liebility Company," "Limited Company," or the abbreviations E.E.C., Lt.C. or EC)			
2.	The complete street and mailing at 1300 KIMBERLY RD. UNIT#12, T	•	•	
	(Street Address) 564 CLINTON DRIVE, TWIN FALL, IDAHO 83301			
	(Making Address if different			
3.	The name and complete street address of the registered agent:			
) .	ANGELIQUE UMUGIRANEZA 564 CLITON DRIVE, TWIN FALLS, IDAHO 83301			
	(Name)	(Address)	RIVE, TWIN FALES, IDANO 03301	
4.	The name and address of at least one governor of the limited liability company:			
	ANGELIQUE UMUGIRANEZA	564 CLITON DRIVE, TWIN FALLS, IDAHO 83301		
	(Name)	(Address,		
	(Na:ne)	(Address)		
	(Name)	(Address	IDAHO SECRETARY OF STATE	
			03/08/2016 05:00	
	/Name)	(Address)	CK:3674056 CT:172099 BH:1517348	
		15 C + 0.000		
5.	Mailing address for future correspondence (annual report notices):			
	564 CLITON DRIVE, TWIN FALLS, IDAHO 83301			
	(Add:esc)			
~	ature of organizer(s).		Secretary of State use only	
Print	ted Name: ANGELIQUE UMUGIRA	NEZA		
	1 MA		1DAHO SECRETARY OF STATE 03/02/2016 05:00	
Sign	ature:		CK:958 CT:321170 BH:1516454	
			1@ 100.00 = 100.00 ORGAN LLC #2	
Print	led Name:	· · · · · · · · · · · · · · · · · · ·		
			W162968	
Sign	ature:		1 (4) (00	