

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 DEC 17 PM 2: 15

(Instructions on back of application)

SECRETARY OF STATE

| 1. The name of the limited li | iability company is: | STATE OF IDAHO |
|---|-------------------------|---|
| | KC EGIZI, L | LC |
| 2. The complete street and r | mailing addresses of t | the initial designated/principal office: |
| ; -a - | 810 E. Idaho Bivd. Emn | nett, ID 83617 |
| (Street Address) | P.O. Box 810 Emmel | tt, ID 83617 |
| (Mailing Address, if different then str | eet address) | |
| 3. The name and complete s | street address of the r | registered agent: |
| Kevin R. Egizi | | 0 E. Idaho Blvd. Emmett, ID 83617 |
| (Name) | (Street Addre | 988)* |
| The name and address of company: | f at least one member | or manager of the limited liability |
| <u>Name</u> | | Address |
| Kevin R. Egizi | | P.O. Box 810 Emmett, ID 83617 |
| Christine A. Egizi | | P.O. Box 810 Emmett, ID 83617 |
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| • | | ' |
| 5. Mailing address for future | correspondence (ann | nual report notices): |
| • | P.O. Box 810 Emme | tt, ID 83617 |
| | | : |
| 6. Future effective date of fill | ing (optional): | |
| | | |
| Signature of organizer(s). (An o | vaanizeris a member ori | |
| acting in behalf of a member or mer | - | |
| | , = | Secretary of State use only |
| Signature // // | | [원] |
| Typed Name: Kevi | n R. Egizi | 50 12 |
| | - | The control of the |
| Signature | | 28 12/17/2008 05 m 95 CK: 7036 CT: 232316 BH: 114 |

Typed Name:

CK: 7036 CT: 232316 BH: 1148726 1 8 180.88 = 180.80 ORGAN LLC # 2

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