



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -6 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cabri Investments, LLC

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

2788 N. Holmes Ave., Idaho Falls, ID 83401

(Street Address)

P.O. Box 3249, Idaho Falls, ID 83403

(Mailing Address, if different than street address)

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

Casey Wheeler

(Name)

2788 N. Holmes Ave., Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Casey Wheeler

2788 N. Holmes Ave., Idaho Falls, ID 83401

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

P.O. Box 3249, Idaho Falls, ID 83403

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Casey Wheeler

Signature

Typed Name: _____

Secretary of State use only

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01/06/2014 05:00
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