

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

7811 APP 20 PM 2: 05

A Marie	(instructions on	r back or application)	1014 WIN 52 LU 5: 112	
1. The	name of the limited liabili	ty company is:	SECRETARY OF STATE STATE OF IDAHO	
		KW3, LLC	STATE OF IDAHU	
			ittel de i en de décide de décide de	
	The complete street and mailing addresses of the initial designated/principal office:			
	647 Filer Ave., Suite 101, Twin Falls, ID 83301 (Street Address)			
(Stre	(Sueet Modrass)			
(Mai	(Mailing Address, if different than street address)			
3. The	The name and complete street address of the registered agent:			
Nic	ole Veenendaal	647 Filer Ave., S	647 Filer Ave., Suite 101, Twin Falls, ID 83301	
(Na	ne)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
	Name		<u>Address</u>	
Nic	ole Veenendaal	647 Filer Ave., 5	Suite 101, Twin Falls, ID 83301	
Tol	nya Backus	647 Filer Ave., Suite 101, Twin Falls, ID 83301		
Kat	hleen Hale	647 Filer Ave., Suite 101, Twin Falls, ID 83301		
			, , , , , , , , , , , , , , , , , , ,	
		<del></del>		
			<u> </u>	
5. Mail	ing address for future con	respondence (annual	report notices):	
647	Filer Ave., Suite 101, Twin Fa	lls, ID 83301		
6. Futu	are effective date of filing (	(optional):		
Signatu	re of a manager, memb	per or authorized		
person.		<del> </del>		
	Manuala.	00	Secretary of State use only	
Signature <u>Menundaal</u>			IDAHO SECRETARY OF STATE	
Typed Name: Nicole Veenendaal			04/29/2014 05:00	
			CK:1850142 CT:172099 BH:142:	
Signatu	rė		10 100.00 = 100.00 ORGAN LLO 10 20.00 = 20.00 EXPEDITE C	
Typed N	Name:		· · · · · · · · · · · · · · · · · · ·	

#2 #3

W137225