251



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

SEURETARY OF STATE

A E L	(instructions on back of a	application)	STATE OF IDAHO
1. T	he name of the limited liability compar	ny is:		
	•	one Texas, I	LLC	
2. T	The complete street and mailing addresses of the initial designated/principal office:			
	351 East 5th So			
	(Street Address)	,	9,	
	(Malling Address, if different than street address)			
3. T	The name and complete street address of the registered agent:			
	Michelle Sovine	351 E	ast 5th So	uth, Rexburg, ID 83440
	(Name) (S	treet Address)		
	The name and address of at least one note of the name and address of at least one note. Name	nember or	_	er of the limited liability
	Michelle Sovine	351 East 5th South, Rexburg, ID 83440		
5. N	Mailing address for future corresponden 351 East 5th Sc	•	•	
	337 East 301 30	Juui, Rexbui	g, ID 0344	<u> </u>
6. F	uture effective date of filing (optional):		<u> </u>	
Sians	ature of organizer(s). (An organizer is a mer			
	in behalf of a member or members).	nuel, oi is		
	Last Sellella	و م		Secretary of State use only
_	ature / //// / / / / / / / / / / / / / / /	<u>`</u>		
Туре	d Name: Scott P. Eskelson, Organizer			
۔ میں	A THE STATE OF THE		7/2006 7/2006	IDAHO SECRETARY OF STATE
Signa Type	atured Name:	—— j		CK: HONE CT: 113824 BH: 1214547
ype	u Ivanie.	 	E. &	1 6 100'88 = 188'80 DKPM FFC #

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