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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 JUL 25 AM 10:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ABRA'S TWIN, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

600 LAPOLOMA, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different)

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

JOSHUA SWAIN

600 LAPOLOMA, IDAHO FALLS, ID 83404

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

JOSHUA SWAIN

600 LAPOLOMA, IDAHO FALLS, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3456 E 17TH #140 AMMON, ID 83406

(Address)

Signature of organizer(s).

Printed Name: JOSHUA SWAIN

Signature:

Printed Name: _____

Signature: _____

Rev. 01/2018

Secretary of State use only

IDAHO SECRETARY OF STATE

07/25/2018 05:00

CK:19719570 CT:172099 BH:1655269

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