

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 OCT 28 AM 8: 30

(Instructions on back of application)

SECRETARY OF STAT

Carma Chavez 20351 S. Main Ca	
20351 S. Main Carey, ID 83320 (Street Address) P.O. Box 53 Carey, ID 83320 (Mailing Address, if different than street address) The name and complete street address of the registered agent. Carma Chavez 20351 S. Main Ca	
(Street Address) P.O. Box 53 Carey, ID 83320 (Mailing Address, if different than street address) The name and complete street address of the registered agent: Carma Chavez 20351 S. Main Ca	;
(Mailing Address, if different than street address) The name and complete street address of the registered agent: Carma Chavez 20351 S. Main Ca	
. The name and complete street address of the registered agent. Carma Chavez 20351 S. Main Ca	; ; · · · · · · · · · · · · · · · · · ·
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(Name)	arey, ID 83320
(Name) (Street Address)	
. The name and address of at least one member or manager of t company:	he limited liability
Name Addre	<u>55</u>
Carma Chavez 20351 S. Main Ca	arey, ID 83320
. Mailing address for future correspondence (annual report notice	es):
828 Blue Lakes Blvd N. Twin Falls, ID 83301	
6. Future effective date of filing (optional):	
. I date checite date of fining (optional).	
ignature of organizer(s). (An organizer is a member, or is	
cting in behalf of a member or members).	
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ignature <u>Arma (have</u>	TRANS APARTERS AS AS
signature Arma (have)	IDAHO SECRETARY OF STO 10/28/2008 05 CK: 3561 CT: 165320 BH:

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