

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 JUL 23 PM 1:53

etructions on back of application)

SECRETARY OF STATE

| . т | he name of the limited llability | STATE OF IDAHO |
|--------------|--|--|
| - • | ILE LIGHTE OF THE WITHTOW HESTINGS | combany is: |
| | | Harmon's Service, IIC |
| _ | The complete street and mailing addresses of the initial designated office: | |
| | ne complete street and maining 505 King st Meridian id 83642 | addiopped of the management |
| | (Street Address) | |
| | • | 200) |
| | (Malling Address, if different than street address.) | |
| . Т | The name and complete street address of the registered agent: | |
| | Randy Hamon | 3151 W Mirage Ct Meridian Id 83646 |
| | (Name) | (Street Address) |
| | Name Randy Harmon | Address 3151 w Mirage of Meridian Id 83646 |
| | The name and address of at least one member or manager of the limited liability company: | |
| | - | 3151 w Mirage of Meridian Id 83646 |
| | | 3151 w Mirage of Meridian Id 83646 |
| | Dina Harmon | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 5 i | Mailing address for future com | espondence (annual report notices): |
| J . 1 | 3151 w Mirege Ct Meridian id 836 | |
| | | • |
| 5 . I | Future effective date of filing (| optional): |
| | | |
| Siar | nature of a manager, memb | er or authorized |
| | юп. | Secretary of State use only |
| | | |
| | | |
| | nature | |
| | ed Name: Randy Harmon | |
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| Typ Sigr | | 10AHO SECRETARY OF STATE 97/23/2012 05:00 |

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