## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2009 AUG -6 AM 9: 37

SECRETARY OF STATE

	(instructions on	pack or application	on)	STATE OF IDAHO
. The n	ame of the limited liabilit	ty company is:		<b>*</b> ··
		SPIRIT INVESTMEN	NTS, LLC	
. The c	complete street and mailing addresses of the initial designated/principal office:			
, , , , ,	•	ollege, Suite 100, Tw	•	•
(Street	Address)			
(Mailin	g Address, if different than street add	(asen)		
. The n	he name and complete street address of the registered agent:			
/Name	Gerald Martens			), Twin Falls, Idaho 83301
(Name	)	(Street Addres	<b>s</b> )	
. The n	ame and address of at le	ast one member	or manager of	the limited liability
	<u>Name</u>		Address	
-	Gerald Martens	621 North C	621 North College, Suite 100, Twin Falls, Idaho 83301	
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Mallia			امر	
. Waniri	g address for future corre	ollege, Suite 100, Tw	•	· ·
-	OZ I NOIM O	silege, cuite 100, 14		
. Future	e effective date of filing (o	optional):		
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