

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 30 AM 9:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Holman, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

496-B Shoup Ave. West, Twin Falls, ID 83301-5043

(Street Address)

(Mailing Address, if different than street address)

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

Craig D. Holman

(Name)

496-B Shoup Ave. West, Twin Falls, ID 83301-5043

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Craig D. Holman

496-B Shoup Ave. West, Twin Falls, ID 83301-5043

Cherylyn R. Holman

496-B Shoup Ave. West, Twin Falls, ID 83301-5043

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

496-B Shoup Ave. West, Twin Falls, ID 83301-5043

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Craig D. Holman

Signature

Typed Name: Cherylyn R. Holman

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/30/2013 05:00
 CK: 1379739 CT: 172099 BH: 1371739
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_llc Rev. 07/2010

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