







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006140069

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| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or San<br>descriptions below) |                       | Expedited (+\$40; filing fee \$140)         |           |
|--|-----------------------|---|-----------|
| 1. Limited Liability Company Name  |                       |   |           |
| Type of Limited Liability Company  |                       | Limited Liability Company                   |           |
| Entity name  |                       | Pocock Properties LLC                       |           |
| 2. The complete street address of the principal office   | is:                   |   |           |
| Principal Office Address   |                       | 624 SUNFIRE DR                              |           |
|  |                       | TWIN FALLS, ID 83301                        |           |
| 3. The mailing address of the principal office is:   |                       |   |           |
| Mailing Address  |                       | 624 SUNFIRE DR                              |           |
|  |                       | TWIN FALLS, ID 83301-8532                   |           |
| 4. Registered Agent Name and Address   |                       |   |           |
| Registered Agent   |                       | Registered Agent                            |           |
|  |                       | Andrew L Pocock                             |           |
|  |                       | Physical Address:                           |           |
|  |                       | 624 SUNFIRE DR<br>TWIN FALLS, ID 83301-8532 |           |
|  |                       | Mailing Address:                            |           |
|  |                       | 624 SUNFIRE DR                              |           |
|  |                       | TWIN FALLS, ID 83301-8532                   |           |
| I affirm that the registered agent app   | pointed has consented | to serve as registered agent for this       | s entity. |
| 5. Governors   |                       |   |           |
| Name   |                       | Address                                     |           |
| Andrew L Pocock  | 624 SUNI              | FIRE DR                                     |           |
|  | TWIN FALLS, ID 83301  |   |           |
| Signature of Organizer:  |                       |   |           |
| Andrew L Pocock  |                       | 03,   | /04/2025  |
| Sign Here  |                       | Dat   | †A        |