

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	20.
	ABILITY COMPANY
	ABILITY COMPANY
(Instructions	s on back of application)
1. The name of the limited lia	ability company is:
	LWL, LLC
114 WEST 1ST SOUTH, SUG	ailing addresses of the initial designated office: GAR CITY, ID 83448
(Street Address) P.O. BOX 563, SUGAR CITY, (Mailing Address, if different than street	
3. The name and complete sti	reet address of the registered agent:
LORI ANN MORRIS (Name)	114 WEST 1ST SOUTH, SUGAR CITY, ID 83448 (Street Address)
 The name and address of a company: 	at least one member or manager of the limited liability
<u>Name</u> LORI ANN MORRIS	<u>Address</u> P.O. BOX 563, SUGAR CITY, ID 83448
JASON MORRIS	21513 PASCOE LANE, NAMPA, ID 83686
	orrespondence (annual report notices): S, P.O. BOX 674, REXBURG, ID 83440
6. Future effective date of filing	g (optional):
lignature of a manager, mer	mber or authorized
erson. ignature <u>An Am</u> yped Name: LORI ANN MORRIS	Secretary of State use only
yped Maine.	
Signature	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

07/15/2013 05:00

CK: 2000 CT: 87111 BH: 1382161

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Typed Name: ____