

Rev. 07/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

251	0.00			N 2015 AUG	CAETAR	CTIVE
1.	BROWN	e of the limited liability co N'S BENCH RANCH, L Remember to include the words "Limit	• •			
2.		NKINS ROAD N.	ddresses of the principal offic	e is:  TWIN FALLS (City)		3301 (Zipcode)
3.	(Mailing Address, if different) (City) (State) (Zipcode)  The name and complete street address of the registered agent:					
	MARC BI	RACKETT	394 HANKINS ROAD N. (Address)	TWIN FA	ALLS ID (State)	83301 (Zipcode)
4.		e and address of at least	one governor of the limited lia 394 HANKINS ROAD N. (Address)	ability company: TWIN FA	ALLS ID (State)	83301 (Zipcode)
	(Name)		(Address)	(City)	(State)	(Zipcode)
	(Name)		(Address)	(City)	(State)	(Zipcode)
	(Name)		(Address)	(City)	(State)	(Zipcode)
5.	_	KINS ROAD N.	ondence (annual report notice	s): TWIN FALL	.S ID (State)	83301 (Zipcode)
Signature of organizer(s).  Printed Name: MARC BRACKETT  Signature: Mun Audit				Secretary of State use only  IDAHO SECRETARY OF STATE  08/24/2015 05:00  CK:17528 CT:21151 BH:1489235 10 100.00 = 100.00 ORGAN LLC #2		
Prin	ted Name:					
Sign	nature:					

W155402\_

FILED EFFECTIVE