



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 DEC 27 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Laurelwood LLC

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

1411 Falls Ave East Suite 1002 Twin Falls ID 83301

(Street Address)

PO Box 5179 Twin Falls ID 83303

(Mailing Address, if different than street address)

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

Gary M Wolverton Jr

(Name)

1411 Falls Ave E STE 1002

(Street Address)

Twin Falls ID 83301

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

**Name**

**Address**

Gary M Wolverton Jr

PO Box 5179 Twin Falls ID 83303

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

PO Box 5179 Twin Falls ID 83303

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Gary M Wolverton

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/27/2013 05:00  
CK: 9522 CT: 227788 BH: 1403220  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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