

**FILED EFFECTIVE**

251



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

2011 JUN -9 PM 3: 58

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

- STATE OF IDAHO
1. The name of the limited liability company is:  
John David Salen LLC
2. The complete street and mailing addresses of the initial designated/principal office:  
459 Locust Street N. Suite 100 Twin Falls ID 83301  
(Street Address)  
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  
John David Waltrip 459 Locust Street N. Suite 100 Twin Falls ID 83301  
(Name) (Street Address)
4. The name and address of at least one member or manager of the limited liability company:
- | Name                      | Address                               |
|---------------------------|---------------------------------------|
| <u>John David Waltrip</u> | <u>459 Locust Street N. Suite 100</u> |
|                           | <u>Twin Falls ID 83301</u>            |
|                           |                                       |
|                           |                                       |
|                           |                                       |
5. Mailing address for future correspondence (annual report notices):  
459 Locust Street N. Suite 100 Twin Falls ID 83301
6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature: John David Waltrip  
Typed Name: John David Waltrip

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

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
06/09/2011 05:00  
CK: 701000 CT: 172099 BH: 1277730  
1 @ 100.00 = 100.00 ORGAN LLC # 2

Cert. Org. Inc. Rev. 07/2010

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