



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2015 JAN -6 PM 1:44

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

SNF LLC

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

522 N Copper River Dr. Nampa Idaho 83651

(Street Address)

(Mailing Address, if different than street address)

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

Sherrie Fullmer

(Name)

522 N Copper River Dr. Nampa Idaho 83651

(Street Address)

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

Sherrie Fullmer

Name

522 N Copper River Dr. Nampa Idaho 83651

Neil Fullmer

522 N Copper River Dr. Nampa Idaho 83651

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

522 N. Copper River Dr. Nampa Idaho 83651

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Sherrie Fullmer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2015 05:00

CK:2476490 CT:172099 BH:1455766
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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