



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL -2 AM 8:40

1. The name of the limited liability company is:

Twin Falls Bounce House LLC.

SECRETARY OF STATE
STATE OF IDAHO

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

708 Locust Street Kimberly ID 83341

(Street Address)

(Mailing Address, if different than street address)

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

Craig Roper

(Name)

708 Locust street Kimberly ID 83341

(Street Address)

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

Name

Address

Ezra Roper

1442 West 150 North Springville Utah 84663-5889

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

708 Locust street Kimberly ID 83341

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Craig Roper

Typed Name: Craig Roper

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/02/2014 05:00

CK:1563 CT:298594 BH:1431639

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