



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 FEB 19 AM 8:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Twin Falls Moving Company, LLC

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

1599 Brookside Loop, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Zachary Rinard

(Name)

1599 Brookside Loop, Twin Falls, Idaho 83301

(Street Address)

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

**Name**

**Address**

Zachary Rinard

1599 Brookside Loop, Twin Falls, Idaho 83301

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

1599 Brookside Loop, Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name

*Zachary Rinard*  
Zachary Rinard

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE  
02/19/2015 05:00

CK:1041 CT:306615 BH:1462464  
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