

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 SEP -9 AM 8:05

OR S	(instructions on back of	аррисацоп)	SECHETARY OF STATE
1. The nam	ne of the limited liability compa	ny is:	STATE OF IDAHO
	Rais	sing Cain, LLC	
2. The com	plete street and mailing addre	sses of the initial designa	ated/principal office:
		Court, Twin Falls, ID 83301	
(Street Add	dress) 1096 N Eastland Drive	Suite 200, Twin Falls, ID 833	301
(Mailing Ad	idress; if different than street address)		· · · · · · · · · · · · · · · · · · ·
3. The nam	ne and complete street address	of the registered agent:	
Tim Stastny		1629 Brookfield Court, Twin Falls, ID 83301	
(Name)		Street Address)	
company: Name Tim Stastny		Address 1629 Brookfield Court, Twin Falls, ID 83301	
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5. Mailing a	address for future corresponde	nce (annual report notice	e).
J. Maining C	1 1	Suite 200, Twin Fails, ID 833	
6. Future e	ffective date of filing (optional):		
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•	organizer(s). (A) organizer is a me	mber, or is	
acting in behalf	of a member or members).	Sec	retary of State use only
Signature	$\times 11/$	c.PMD	
Typed Name	Tijn Stastny		
A		mayon 008	
Signature	VV	phomist LC formstrent org Jr. PMD	IDAHO SECRETARY OF STATE
Typed Name:		Revise	CK: 1852 CT: 227179 BH: 118624 1 0 188.00 = 108.00 ORGAN LLC