

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 OCT 12 PH 2: 16 SECRETARY OF STATE STATE OF IDAHO

The complete street and mailing addresses of the principal office is:	
263 6th Ave. W. Twin Falls, ID 83301 (Street Address)	
otraet Vanteas:	
Mailing Address, if different)	
The name of the registere	ed agent and street address of the registered agent:
Alyssa Clark	1130 Lupine Ln. Kimberly ID 83341
Name)	(Address cannot be a post office box or postal mail box)
	(Address)
Name)	
	Address
	(Address)
Name)	(Address)
Name) Name)	(Address)
Name) Name)	(Address) correspondence (annual report notices):

Signature(

Printed Name: Alyssa Clark

Signature:

Printed Name: Tyson Clark

IDAHO SECRETARY OF STATE 10/12/2017 05:00

CK:CASH CT:346897 BH:1607050 10 100.00 = 100.00 ORGAN LLC #2

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Rev. 11/2015