



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 AUG 15 AM 8:53

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nuevo West Point, LLC

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

3287 S 1500 E Wendell, ID 83355

(Street Address)

(Mailing Address, if different than street address)

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

Maria Lee

(Name)

540 Harrison Ave. Twin Falls, ID 83301

(Street Address)

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

Name

Address

Maria Lee

540 Harrison Ave. Twin Falls, ID 83301

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

1096 N Eastland Drive Suite 200 Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Maria Lee

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/2014 05:00

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