

1.

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

The name of the limited liability company is:

Complete and submit the application in duplicate.

2016 APR 21 AM 9: 15

The executed atment and no	allian address as af the main six of a fire
•	ailing addresses of the principal office is:
11900 N Highway 52, Horseshoe Bend, ID 83629	
Street Address)	
Mailing Address, if different)	
The name of the registered	agent and the street address of the registered agent:
Alisha Hickman	11900 N Highway 52, Horseshoe Bend, ID 83629
Name)	(Address cannot be a post office box or postal mail box.)
Alisha Hickman ^{Name)}	11900 N Highway 52, Horseshoe Bend, ID 83629 (Address)
Carl Hickman	11900 N Highway 52, Horseshoe Bend, ID 83629
Name)	(Address)
Name)	(Address)
(Name)	(Address)
Mailing address for future o	correspondence (annual report notices):
<u>-</u>	eshoe Bend, ID 83629

Printed Name: Alisha Hickman

Signature: __

Carl Hickman

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2016 05:00

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