



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 14 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

COX CENTER, LLC

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

1226 PARK AVENUE 288 S. 123 W.

(Street Address)

BURLEY, ID 83318

(Mailing Address, if different than street address)

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

JAMES E. COX

(Name)

1226 PARK AVE., BURLEY, ID 83318

(Street Address)

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

Name

Address

JAMES E. COX

1226 PARK AVE., BURLEY, ID 83318

JOSEPH G. COX

1501 MARKET ST., REDDING, CA 96001

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

1226 PARK AVE., BURLEY, ID 83318

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JAMES E. COX

Signature

Typed Name: JOSEPH G. COX

Secretary of State use only

cert_org_llc Rev. 07/2010

IDAHO SECRETARY OF STATE
02/14/2011 05:00
CK: 1230 CT: 255465 BH: 1259873
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