

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

RECEIVED -5 AM 3-45
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MORTALS INVESTMENTS, LLC

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

417 N 3826 E RIGBY, ID 83442

(Street Address)

PO BOX 362 RIGBY, ID 83442

(Mailing Address, if different than street address)

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

KAREN LANE

(Name)

439 N 3846 E RIGBY ID 83442

(Street Address)

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

KAREN LANE

Name

439 N 3846 E RIGBY, ID 83442

Address

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

PO BOX 362 RIGBY, ID 83442

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

Signature of a manager, member or authorized person.

Signature

Typed Name: KAREN LANE, MANAGER

Secretary of State use only

Signature

Typed Name: _____

IDaho SECRETARY OF STATE

03/05/2015 05:00

CK:366748 CT:307276 BH:1464752
1@ 100.00 = 100.00 ORGAN LLC #2

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