

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 21 AM 9: 24

SECRETARY OF STATE

402040

 The name of the limited liability compa 	any is:
Cook Enterpris	ses and Investments, LLC
The complete street address, and mail principal office:	ling address if different, of the initial designated/
2356 Beryl Aven	ue, Twin Fails, Idaho 83301
The name of the commercial registered address of the non-commercial registered	d agent; or the name and complete street ered agent:
Ela	aine Chapman 2356 Beryl Ave., Twin Falls, ID
	83301
The name and address of at least one company: Name	member or manager of the limited liability
Elaine Chapman	2356 Beryl Avenue, Twin Falls, Idaho 83301
Liame Onapman	
5. Mailing address for future corresponde	ence (annual report notices):
	nue, Twin Falls, Idaho 83301
Future effective date of filing (optional)):
Signature of an organizer(s). (An organizer is or is acting in behalf of a required, and existing, init	
or members).	Secretary of State use only
Signature Laire Charman	
Typed Name: Elaine Chapman	
Signature	IDAHO SECRETARY OF STATE 07/22/2008 05:00 CK: 1 CT: 228887 BH: 1128979