

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 16 AM 8: 34

SECOPET.

حوث	(maductions on	back of application)	STATE OF IDAHOTE
1. The nam	name of the limited liability company is:		
iDealFur	niture Twin Falls, LLC	•	
	The complete street and mailing addresses of the initial designated office: 1065 Centennial Dr. Twin Falls, ID 83301		
(Street Add	iress)		
(Mailing Ad	dress, if different than street add	ress)	
3. The nam	The name and complete street address of the registered agent:		
Brian Jei	nsen	1065 Centennial Dr. Twin Falls, ID 83301	
(Name)		(Street Address)	
4. The nam	ne and address of at le	ast one member or man	ager of the limited liability
company			
Brian Jer	<u>Name</u>		Address
Dilai sei	1961	same	
5. Mailing a	address for future corre	espondence (annual repo	ort notices):
1065 Ce	ntennial Dr. Twin Falls, ID I	B3301	
	ntennial Dr. Twin Falls, ID		
6. Future e	ntennial Dr. Twin Falls, ID	optional):	
6. Future e	ntennial Dr. Twin Falls, ID f	optional):	Secretary of State use only
6. Future e Signature o erson. Signature	ntennial Dr. Twin Falls, ID f	optional):	IDAHO SECRETARY OF STATE
6. Future e Signature o erson. Signature	ntennial Dr. Twin Falls, ID f	er or authorized	10AHO SECRETARY OF STATE 89/16/2014 85:00 CK:3519 CT:271860 BH:14
6. Future en Signature of Signature Syped Name	ffective date of filing (of a manager, members) Brian Jensen	er or authorized	10AHO SECRETARY OF STATE 09/16/2014 05:0
6. Future en Bignature of Bignature Signature Signature Bignature	ntennial Dr. Twin Falls, ID f	er or authorized	10AHO SECRETARY OF STATE 89/16/2014 85:00 CK:3519 CT:271860 BH:14