



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 MAR 19 AM 9:01

1. The name of the limited liability company is:

DOUBLE S MANAGEMENT, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

288 WEST 320 NORTH, BLACKFOOT, IDAHO 83221

(Street Address)

(Mailing Address, if different than street address)

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

STEVE SAMOWITZ

288 WEST 320 NORTH, BLACKFOOT, ID 83221

(Name)

(Street Address)

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

Name

Address

STEVE SAMOWITZ

288 WEST 320 NORTH, BLACKFOOT, ID 83221

STACY SAMOWITZ

288 WEST 320 NORTH, BLACKFOOT, ID 83221

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

288 WEST 320 NORTH, BLACKFOOT, ID 83221

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

Signature of a manager, member or authorized person.

Signature 
Typed Name: STEVE SAMOWITZ

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/19/2015 05:00

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