

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAY 25 AM 8: 0B

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability	ty company is: SPAID OF IDAF
	Blue Lakes Ladies, LLC
The complete street and mailin	ng addresses of the initial designated/principal office:
657 Sur	ınshine Drive, Twin Falls, Idaho 83301
(Street Address)	
(Mailing Address, if different than street add	dress)
The name and complete street	t address of the registered agent:
Marvin Mace	657 Sunshine Drive, Twin Falls, Idaho 83301
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
Marvin Mace	657 Sunshine Drive, Twin Falls, Idaho 83301
Frances Mace	657 Sunshine Drive, Twin Falls, Idaho 83301
Trailes Mace	05/ Sunsnine Drive, Twin Pails, IQBIO 03301
<u> </u>	
Mailing address for future corre	espondence (annual report notices):
657 Sui	ınshine Drive, Twin Falls, Idaho 83301
Future effective date of filing (o	optional):
nature of organizer(s). (An organiz	zer is a member, or is
ing in behalf of a member or members	3).
	Secretary of State use only
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ped Name: Marvin Ma	ace §
	E TRAIN SESSETADA SE STATE
gnature Frances Ma	CK
rped Name: Frances M	
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