



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 18 PM 4:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lorena DeLeon, L.L.C.

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

148 1st St N, Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Lorena DeLeon

(Name)

148 1st st, Nampa, ID 83687

(Street Address)

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

Name

Address

Lorena DeLeon

148 1st St N, Nampa, ID 83687

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

148 1st St N. , Nampa, ID 83687

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Lorena DeLeon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/18/2013 05:00
CK: 1553730 CT: 172099 BH: 1390575
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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