

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

NOV 14 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

September, LLC

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

220 9th Avenue North, Twin Falls ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Lisa A Douda

(Name)

220 9th Avenue North, Twin Falls ID 83301

(Street Address)

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

NameAddress

Lisa A Douda

220 9th Avenue North, Twin Falls ID 83301

Jon P Douda

220 9th Avenue North, Twin Falls ID 83301

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

220 9th Avenue North, Twin Falls ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lisa A Douda

Signature

Typed Name: Jon P Douda

Secretary of State use only

IDAHO SECRETARY OF STATE

11/14/2012 05:00

CK: 1597 CT: 276216 BH: 1347515

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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