FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 SEP 14 PM 4: 19

	(Instructions of to 1	of nonlineations	STATE OF STATE
**	(Instructions on back	or application)	STATE OF IDAHO
1.	The name of the limited liability con	npany is:	
	CHELSI BOWLES, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:		
	718 EAST 600 SOUTH PRESTON, IDAHO 83263		
	(Street Address) 1942 NORTH	MAIN NO. LOGAN, UT 843	41
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	TRAVIS M. KUNZ	19 S. STATE PF	RESTON, ID 83263
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	CHELSI BOWLES	718 EAST 600 SOUTH PRESTON, IDAHO 83263	
	TATE BOWLES	718 EAST 600 SOUTH PRESTON, IDAHO 83263	
			3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	•		
5.	Mailing address for future correspondence (annual report notices):		
	1942 NORTH	MAIN NO. LOGAN, UT 8434	<u> </u>
6.	Future effective date of filing (option	al):	
			were a second of the second of
	nature of organizer(s). (An organizer is a	member, or is	
actir	ng in behalf of a member or members).		Secretary of State use only
Sign	nature	RC PM	
_	ed Name: TRAVIS M. KUNZ	: DO	
		2000 2000 21	
Sigi	nature	and OTC:	IDAHO SECRETARY OF STATE
Тур	ed Name:	CORPAGNINGLLC ROMSKOWL OF IC. PMD	09/14/2009 103:100 CK: 318719 CT: 172899 BH: 1186977 1 8 188.88 = 188.88 ORGAN LLC #
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