

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

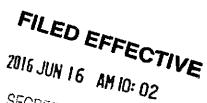
Complete and submit the application in duplicate.

The name of the limited liability company is: Magic Valley Rewards, LLC

Signature:

Printed Name: -

Rev. 11/2015





1@ 100.00 = 100.00 ORGAN LLC #2

W168071

(Street Address)	
(Mailing Address, if different)	
The name of the registere	ed agent and the street address of the registered agent:
Amy Hartwell	3692 Sherman St Twin Falls ID 83301
(Name)	(Address cannot be a post office box or postal mail box.)
Amy Hartwell	at least one governor of the limited liability company: 3692 Sherman St Twin Falls ID 83301
(Name)	(Address)
•	correspondence (annual report notices):
(Address)	
ature of organizer(s),	
N = N + M + M	Secretary of State use only IDAHO SECRETARY OF STATE
ature: <u>(UMU/NAS)</u>	06/16/2016 05:00
ed Name: Amy Hartwell	CK:5214 CT:288949 BH:153358 1@ 100.00 = 100.00 ORGAN LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)