



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.

FILED EFFECTIVE
2016 JUN 16 AM 10:02
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Magic Valley Rewards, LLC

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

2. The complete street and mailing addresses of the principal office is:

3692 Sherman St Twin Falls ID 83301

(Street Address)

(Mailing Address, if different)

3. The name of the registered 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.)

4. The name and address of at least one governor of the limited liability company:

Amy Hartwell

3692 Sherman St Twin Falls ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3692 Sherman St Twin Falls ID 83301

(Address)

Signature of organizer(s).

Signature: Amy Hartwell

Printed Name: Amy Hartwell

Signature: _____

Printed Name: _____

Secretary of State use only
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06/16/2016 05:00

CK:5214 CT:288949 BH:1533582

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