



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2016 MAY 12 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A & M VALORA ENTERPRISES, LLC

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

5226 REMEMBER DR AMMON, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

AMMARON CLIFTON VALORA

(Name)

5226 REMEMBER DR AMMON, ID 83406

(Street Address)

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

Name

Address

AMMARON CLIFTON VALORA

5226 REMEMBER DR AMMON, ID 83406

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

5226 REMEMBER DR AMMON, ID 83406

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

Signature of a manager, member or authorized person.

Signature

Typed Name: AMMARON CLIFTON VALORA

Signature

Typed Name:

Secretary of State use only
IDAHO SECRETARY OF STATE
05/12/2016 05:00

CK:9008 CT:307396 BH:1528237
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