







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0003942816

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Select one: Standard, Expedited or Sa descriptions below)	ame Day Service (see	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Twisted Pines LLC.
2. The complete street address of the principal offi	ce is:	
Principal Office Address		150 S MAIN #3 MALAD CITY, ID 83252
3. The mailing address of the principal office is:		<u> </u>
Mailing Address		2975 N 5400 W
		MALAD CITY, ID 83252-4920
4. Registered Agent Name and Address		
Registered Agent		Registered Agent
		Erin J Doohen
		Physical Address: 150 S MAIN #3
		MALAD CITY, ID 83252
		Mailing Address:
		2975 N 5400 W
		MALAD CITY, ID 83252-4920
I affirm that the registered agent a	ppointed has consented to	o serve as registered agent for this entity.
		Address
Name		Address
Name Erin Doohen	150 S MAIN #3 MALAD CITY, ID	
Erin Doohen		