



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 DEC 17 AM 9:08
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Estate Sale Solutions, LLC

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

561 Main Street East, Twin Falls, ID 83301

(Street Address)

PO Box 5694, Twin Falls, ID 83303

(Mailing Address, if different than street address)

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

Chris Stevenson

(Name)

561 Main Street East, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Chris Stevenson

PO Box 5694, Twin Falls, ID 83303

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

PO Box 5694, Twin Falls, ID 83303

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Chris Stevenson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/17/2014 05:00

CK:2219 CT:304234 BH:1453349

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