

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	LIMITED LIABI	LITY COMPAN	2014 JUL 14 AM 9: 52
300	(Instructions on I	back of application)	-
1. The	ne name of the limited liability company is:		SECRETARY OF STATE
KJ			STATE OF IDAMO
203	complete street and mailing 102 G. Street, Acequia ID 83350 let Address)	g addresses of the initial	designated office:
, . <u> </u>	ling Address, if different than street addre	222	
	name and complete street	•	d agent:
Kor	Karen Johnson 20302 G. Street, Acequia, ID 83350		
(Na		(Street Address)	quia, iD 63350
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
Kar ——	en Johnson	20302 G. Street, Aced	dris ID 83350
	ing address for future corre	spondence (annual repo	ort notices):
	oz G. Gireer, Acequia ID 63350		
6. Futu	re effective date of filing (o	ptional):	
Signatu person.	re of a manager, membe	r or authorized	
	Kan Di		Secretary of State use only
Signatur		<u>~</u>	IDANO SECRETARY OF STATE
Typed N	ame: Karen Johrison		07/14/2014 05:00
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