

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 OCT 29 AM 8: 55

(Instructions on back of application)

1. The name of the limited !	liability company is:	SECRETARY OF STATE STATE OF IDAHO
The Elephant Place, LLC		OWIT OF INVITO
2. The complete street and I	mailing addresses of the ini	tial designated office:
(Street Address)		
(Mailing Address, if different than str	reet address)	
3. The name and complete s	street address of the registe	ered agent:
Javed I. Sofi	4398 E 360 N, Rig	jby, ID 83442
(Name)	(Street Address)	
The name and address of company:	at least one member or ma	anager of the limited liability
<u>Name</u>		<u>Address</u>
Javed I. Sofi	4398 E 360 N, Rig	by, ID 83442
		1
5. Mailing address for future	correspondence (annual re	port notices):
4398 E 360 N, Rigby, ID 8344	2	,
<ol><li>Future effective date of filir</li></ol>	ng (optional):	
•		
ignature of a manager, me erson.	ember or authorized	
		Secretary of State use only
ignature TOWN	24.	
yped Name Javed I. Sofi		
ignature		IDAHO SECRETARY OF STATE
yped Name:		10/29/2013 05:00 0x: 1658 CT: 289893 BH: 1395883
		1 8 100.90 = 100.00 ORGAN LLC #

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