



CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN 15 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TAYLOR PHILLIPP HAWKES LLC

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

522 MARJORIE AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

CLAYTON PHILLIPP

522 MARJORIE AVE IDAHO FALLS ID 83401

(Name)

(Street Address)

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

Name

Address

CLAYTON PHILLIPP

522 MARJORIE AVE IDAHO FALLS ID 83401

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

522 MARJORIE AVE IDAHO FALLS ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

CLAYTON PHILLIPP

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2015 05:00

CK:397 CT:303236 BH:1457247

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