



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2013 NOV 29 AM 9:32

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LEWSKI HOLDINGS, LLC

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

990 Ada Ave. Idaho Falls ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

InCorp Services, Inc.

(Name)

921 S. Orchard Street, Suite G Boise ID 83705

(Street Address)

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

**Name**

**Address**

Doug Skinner

990 Ada Ave. Idaho Falls ID 83402

Kymberly Lewis

990 Ada Ave. Idaho Falls ID 83402

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

990 Ada Ave. Idaho Falls ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Amanda M Coder

Typed Name: Amanda M Coder

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/29/2013 05:00  
CK: 89400 CT: 70093 BH: 1399903  
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