



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 26 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WALKER INVESTMENTS, LLC

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

1733 W. WILDFLOWER LANE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

GARY P. WALKER

(Name)

1733 W. WILDFLOWER LANE, TWIN FALLS, ID 83301

(Street Address)

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

Name

GARY P. WALKER

Address

1733 W. WILDFLOWER LANE, TWIN FALLS, ID 83301

JARED P. WALKER

609 DIAMOND DRIVE, KIMBERLY, ID 83341

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

1733 W. WILDFLOWER LANE, TWIN FALLS, ID 83301

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature G.P.W.

Typed Name: GARY P. WALKER

Secretary of State use only

Signature _____

Typed Name: _____

LLCFormationLLC formstate.org_llcform
Revised 07/2006

IDAHO SECRETARY OF STATE
05/26/2010 05:00
CX: 7698 CT: 4094 BH: 1224056
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