

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 18 AM 11:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HALF-A-HAPA LLC

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

2534 Joshua Way Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Brian Ward

(Name)

2534 Joshua Way Twin Falls Idaho 83301

(Street Address)

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

NameAddressBrian Ward2534 Joshua Way Twin Falls Idaho 83301

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

2534 Joshua Way Twin Falls Idaho 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/18/2014 05:00

CK:2435274 CT:172099 BH:1453551

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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