

Printed Name: Kelly K. Curry

Signature:

Rev. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

2018 SEP -5 PM 12: 12

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

| Autumn Enterprises, LLC | | | |
|--|---|-------------|---|
| (Remember to include the words | "Limited Liability Company," "Limited | Company, "o | r the abbreviations L.L.C., LLC, or LC) |
| The complete street and mailing | addresses of the principal o | ffice is: | |
| 470 NW Malla | ard Ave. Mountain Home | , ID 8364 | 47 |
| (Street Address) PO Box 791 Mountain Home, | ID 83647 | | |
| (Mailing Address, if different) | | · | |
| The name and complete street ac | ddress of the registered age | nt: | |
| Charlene Black | 470 NW Mallard Ave. Mountain Home, ID 83647 | | |
| (Name) | (Address) | | |
| The name and address of at leas | t and governor of the limited | Lliability | |
| | • | • | • • |
| Kelly K. Curry | 1168 N 3rd E. Mo | untain H | ome, ID 83647 |
| , | (Address) | | |
| Charlene Black | 470 NW Mallard | i Ave | Mountain Home, ID 83647 |
| (Name) | (Address) | | ······································ |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | · |
| Mailing address for future corresp | ondence (annual report not | ices): | |
| PO Box 791 Mountain Home, | • | , | |
| (Address) | | | |
| | | | |
| ture of organizer(s). | Г | | Constant of State up and |
| ed Name: Charlene Black | | | Secretary of State use only |
| | | | |
| iture: MAL CAL | | | IDAHO SECRETARY OF STATE |

IDAHO SECRETARY OF STATE 09/05/2018 05:00

CK:2660 CT:276662 BH:1662441 10 100.00 = 100.00 ORGAN LLC #2

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