



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
**CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005244467

Date Filed: 5/17/2023 10:00:18 AM

| Certificate of Organization Limited Liability Company | | | | | | | |
|--|--|------|---------|-----------------|-----------------------------------|-----------------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | | | | | | |
| Expedited (+\$40; filing fee \$140) | | | | | | | |
| 1. Limited Liability Company Name | | | | | | | |
| Type of Limited Liability Company | Limited Liability Company | | | | | | |
| Entity name | Casa De Lava, LLC | | | | | | |
| 2. The complete street address of the principal office is: | | | | | | | |
| Principal Office Address | 644 N 1000 E SHELLEY, ID 83274 | | | | | | |
| 3. The mailing address of the principal office is: | | | | | | | |
| Mailing Address | 644 N 1000 E SHELLEY, ID 83274-5314 | | | | | | |
| 4. Registered Agent Name and Address | | | | | | | |
| Registered Agent | Registered Agent DAREN A NELSON Physical Address: 485 E STREET IDAHO FALLS, ID 83402 Mailing Address: 485 E ST IDAHO FALLS, ID 83402-3578 | | | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | | | |
| 5. Governors | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>BRIAN L JOHNSON</td> <td>644 N 1000 E SHELLEY, ID 83274</td> </tr> <tr> <td>HOLLY A JOHNSON</td> <td>644 N 1000 E SHELLEY, ID 83274-5314</td> </tr> </tbody> </table> | | Name | Address | BRIAN L JOHNSON | 644 N 1000 E SHELLEY, ID 83274 | HOLLY A JOHNSON | 644 N 1000 E SHELLEY, ID 83274-5314 |
| Name | Address | | | | | | |
| BRIAN L JOHNSON | 644 N 1000 E SHELLEY, ID 83274 | | | | | | |
| HOLLY A JOHNSON | 644 N 1000 E SHELLEY, ID 83274-5314 | | | | | | |
| Signature of Organizer: | | | | | | | |
| <p>BRIAN JOHNSON</p> <hr/> <p>Sign Here</p> | | | | | | | |
| <p><i>05/17/2023</i></p> <hr/> <p>Date</p> | | | | | | | |