



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV -4 AM 8:07

1. The name of the limited liability company is:

Mr. Appliance of Southern Idaho

SECRETARY OF STATE
STATE OF IDAHO

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

618 Blue Lakes Blvd. N. Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Chad DeBie

1704 Dora Dr S Twin Falls, ID 83301

(Name)

(Street Address)

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

Name

Address

DeeBie, Inc.

1704 Dora Dr S, Twin Falls, ID 83301

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

618 Blue Lakes Blvd. N 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

Typed Name:

Signature

Typed Name:

Secretary of State use only

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Revised 07/2009

IDAHO SECRETARY OF STATE
11/04/2009 05:00
CK: 2838 CT: 241985 BH: 1194812
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