



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 AUG -1 AM 10:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sleep Rite Sleep Centers LLC

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

2443 East First Street Fruitland ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Eric Dahle

(Name)

2443 East First Street Fruitland ID 83619

(Street Address)

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

**Name**

**Address**

Three Amigo LLC

2443 East First Street Fruitland ID 83619

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

2443 East First Street Fruitland ID 83619

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Eric N. Dahle

Typed Name: Eric N. Dahle

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/01/2011 05:00  
CK: 11045 CT: 190644 BH: 1204621  
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