



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 15 AM 9:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BLH, LLC

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

463 Lacasa Loop, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Brant Hoffman

463 Lacasa Loop, 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

Brant Hoffman

463 Lacasa Loop, Twin Falls, ID 83301

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

463 Lacasa Loop, 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 Brant Hoffman

Typed Name: Brant Hoffman

Signature _____

Typed Name: _____

Secretary of State use only

g:\top\forms\LLC form\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
06/15/2009 05:00
CK: 1318 C7: 198585 DN: 1174651
1 @ 100.00 = 100.00 ORGAN LLC # 2

Log4726

FILED EFFECTIVE