

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 23 AN IO: 17

addresses of the initial designated office:  11  Idress of the registered agent:  409 Shoshone St S Twin Falls, Id 83301
dress of the registered agent:
dress of the registered agent:
dress of the registered agent:
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409 Shoshone St S Twin Falls, Id 83301
(Street Address)
Address 215 Orchard Dr. Twin Falls, Id 83301
4069 N Canyon Ridge Dr Twin Falls Id 83301
930 W Baseline Paul Id 83347

Secretary of State use only

1DAHO SECR 02/23/2 CK:2009 CT:30

10AHO SECRETARY OF STATE 02/23/2015 05:00

CK:2009 CT:306700 BH:1462807 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

Typed Name: Manager

Signature

Typed Name:

Signature of a manager, member or authorized

6. Future effective date of filing (optional):

Inulal Capenso

W147961

person.

Signature L