

## CERTIFICATE OF ORGANIZATION FI LIMITED LIABILITY COMPANY 08 JUL -9 AM 8: 30

(Instructions on back of application)

(moducuons on back of a	SECRETARY OF CALL
1. The name of the limited liability compar	SECRETARY OF STATE  STATE OF IDAHO
Willow Cre	eek Partners, LLC
2. The complete street address, and mailir principal office:	ng address if different, of the initial designated/
1022 Lincoln Road,	idaho Falls, idaho 83401
3. The name of the commercial registered address of the non-commercial registered	agent; or the name and complete street ed agent:
Jack Meikle, 7186 Sagevie	w Circle, Idaho Falls, Idaho 83406
The name and address of at least one more company:	nember or manager of the limited liability
<u>Name</u>	<u>Address</u>
Jack K. Meikle	7186 Sageview Cir., Idaho Falls, Id. 83406
Brandon D. Gordon	7186 Sageview Cir. Idaho Falls, Id. 83406
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	The second secon
5. Mailing address for future correspondence	ce (annual report notices): Idaho Falls, Idaho 83401
1022 Lincoln Road,	idano raiis, idano 63401
6. Future effective date of filing (optional):	
Signature of an organizer(s). (An organizer is a or is acting in behalf of a required, and existing, initial	
or members).	Secretary of State use only
Signature Value Value	T TO BE TO THE T
Signature Jack K. Meikle	
The Halle.	IDAHO SECRETARY OF STATE
Signature	CK: 4209 CT: 88084 BH: 112629
Typed Name:	1 2 20.00 = 20.00 EXPEDITE C

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