

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 29 AM 8: 37

1.	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF IDAHO	
	Magic Valle	ey Construction		
2.	The complete street and mailing addre	esses of the in	itial designated/principal office:	
	(Street Address)			-
	(Mailing Address, if different than street address)			-
3.	The name and complete street address of the registered agent:			
	Craig Stringer	1300 Addisor	n Ave west Twin Falls Idaho 83301	
	(Name)	(Street Address)		•
4.	The name and address of at least one company:	member or m	anager of the limited liability	· .
	Name		Address	
	Craig Stringer	1300 Addisor	Ave. west Twin Falls Idaho 83301	-
				•
				•
				• , . 4.
5 .	Mailing address for future corresponde	nce (annual r	eport notices):	÷
	1300 Addison Ave	west Twin Falls	Idaho 83301	-
6.	Future effective date of filing (optional)	·		•
	nature of organizer(s). (An organizer is a me	ember, or is		
acti	ng in behalf of a member or members).	[Secretary of State use only	······································
Sia	nature nav things	G-PAID		
_	ped Name: Craig Stringer	LLC formskent org _B. PMD		
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Sig	nature			1285632