

FILED EFFECTIVE

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 MAY 14 AM 11:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Square Top LLC

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

1825 Floral Ave TWIN FALLS ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Andy Henning

(Name)

1825 Floral Ave

(Street Address)

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

Name

Address

Andy Henning

1825 Floral Ave TWIN FALLS ID 83301

Gary Henning

1825 Floral Ave TWIN FALLS ID 83301

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

1825 Floral Ave Twin Falls ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Andy Henning

Signature

Typed Name: Gary Henning

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2014 05:00

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