



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 AUG 20 PM 1:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kimberly L. Parks, LLC

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

1009 E. Thunderbird Ct. Eagle, ID 83616
(Street Address)

(Mailing Address, if different than street address)

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

Kimberly L. Parks
(Name)

1009 E. Thunderbird Ct. Eagle ID 83616
(Street Address)

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

Kimberly L. Parks
Name

1009 E. Thunderbird Ct. Eagle ID 83616
Address

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

1009 E. Thunderbird Ct. Eagle ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Kimberly L. Parks

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2010 05:00
CK: 1384 CT: 250587 BH: 1235679
1 @ 100.00 = 100.00 ORGAN LLC # 2

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