

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 28 AM 8: 41

1.	The name of the limited liability compar	ny is: ns Rentals, LLC	SECRETARY OF STATE OF IDAHC	ATE)
2.	he complete street and mailing addresses of the initial designated/principal office:			
	3440 Taylorview Lane, Ammon, ID. 83406			
	(Street Address)			1.
	(Mailing Address, if different than street address)	·		
3.	The name and complete street address of the registered agent:			
	Bob Stahn	3440 Taylorvie	w Lane, Ammon, ID. 8340) 8
	(Name) (S	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	Bob Stahn	3440 Taylorview Lane, Ammon, ID. 83406		
	Donella Stahn 3440 Taylorview Lane, Ammon, ID. 83406) 6
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5. Mailing address for future correspondence (annual report notices): 3440 Taylorview Lane, Ammon, ID. 83406				
6.	Future effective date of filing (optional):		June 1, 2010	<u>.</u>
Sig	nature of organizer(s). (An organizer is a mer	nber oris		
_	ng in behalf of a member or members).			
Sig	nature Oth Library		Secretary of State use of	10y
Тур	ped Name: Bob Stahn	B		
•	nature Donella Stahm Donella Stahn	gitoorpiformali LC formatoert_org_Bo.PMD Revised 07/2008	IDAHO SECRETA 05/28/201 CK: 4123 CT: 2127 1 8 168.68 = 188.	RY OF STATE LO OS:00 76 BH: 1224412 08 ORGAN LLC # 2
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