

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 18 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Raymond and Leah Isabelle Hawkes Family, LLC

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

5 Triad Center, Suite 750, Salt Lake City, Utah 84180

(Street Address)

(Mailing Address, if different than street address)

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

Brian D. Hawkes

(Name)

1668 PETERSON LANE, Sugar City, Idaho 83448

(Street Address)

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

NameAddress

Douglas D. Hawkes

5 Triad Center, Suite 750, Salt Lake City, Utah 84180

Brian D. Hawkes

1668 PETERSON LANE, Sugar City, Idaho 83448

Grant L. Hawkes

39 East Peterson Lane Sugar City, Idaho 83448

Glen Ishoy

124 Sydney Summit, Villa Rica, Georgia 30180

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

5 Triad Center, Suite 750, Salt Lake City, Utah 84180

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

Signature of a manager, member or authorized person.

Signature Douglas D. HawkesTyped Name: Douglas D. Hawkes

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2010 05:00
CK: 1264 CT: 252894 BH: 1247738
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