

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

=	CERTIFICATE OF O	RGANIZATION Y COMPANY of application) 08 JUL 15 AM 9: 22
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5.79	(Instructions on back of	of application) 08 JUL 15 AM 9: 22
The	name of the limited liability comp	pany is: SECRETARY OF STATE : STATE OF IDAHO
	complete street address, and ma	ailing address if different, of the initial designated/
	303 Main Ave E Twin Falls, ID 83301 (lo	ocation), 761 Main Ave E Twin Falls ID 83301 (Mailing)
	name of the commercial registered ress of the non-commercial regist	ed agent; or the name and complete street.
	Mark L. Martil	700 (Marin Arne P)
	e name and address of at least one apany:	761 Main Avet. Thin Falls, 10 83301 e member or manager of the limited liability
	<u>Name</u>	Address
	Mark L. Martin	2273 Candleridge E Cir Twin Falls ID 83301
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Mai	ling address for future correspond	dence (annual report notices):
		ve E Twin Falls ID 83301
		.N.
E. d.	ure effective date of filing (optional	ii)·
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