

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

'08 SEP -2 AM 10: 11

SECRETARY OF STATE

1.	The name of the limited liability compa	any is:		STATE OF IDAHO
	Magic Valle	ey Mobile V	Wash LLO	
2.	The complete street address, and mailing address if different, of the initial designated/ principal office:			
	810 2nd Avenue We	est #5 Twin	Falls, Ida	aho 83301
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:			
	Adam H. Climer. 459 Ash S	Street Norti	n, Twin F	alls, Idaho 83301
4.	The name and address of at least one company:	member (or mana	ager of the limited liability
	Name	Address		
	Adam H. Climer	459 Ash Street North, Twin Falls, Idaho 83301		
	Nathan J. Peltier	810 2nd Avenue West #5 Twin Falls, Idaho 83301		
5.	Mailing address for future corresponder c/o: 810 2nd Avenue V		-	
6.	Future effective date of filing (optional):			
or is	nature of an organizer(s). (An organizer is a acting in behalf of a required, and existing, initia	a member, al member		
or m	nembers).		Q Mad	Secretary of State use only
Sig	nature	·	a bo	
Тур	ped Name: Karmelia Fredrick, Assistant Sec	retary	amstoart 306	IDAHO SECRETARY OF STATE
Sig	nature		omskill, formskert org. It. PMD wised 07/2008	CK: 191521 CT: 167623 BH: 1134888 1 8 100.00 = 100.00 ORGAN LLC # 2 1 8 20.00 = 20.08 EXPEDITE C # 3