

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -3 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mastrofini Rental, LLC

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

410 N. 120 E., Shoshone, ID 83352

(Street Address)

(Mailing Address, if different than street address)

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

Diane M. Mastrofini

(Name)

410 N. 120 E., Shoshone, ID 83352

(Street Address)

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

NameAddress

Mark E. Mastrofini

410 N. 120 E., Shoshone, ID 83352

Diane M. Mastrofini

410 N. 120 E., Shoshone, ID 83352

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

410 N. 120 E., Shoshone, ID 83352

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

Signature of a manager, member or authorized person.

Signature Mark E. Mastrofini
Typed Name: Mark E. MastrofiniSignature Diane M. Mastrofini
Typed Name: Diane M. Mastrofini

Secretary of State use only

IDAHO SECRETARY OF STATE

06/03/2015 05:00

CK:2403 CT:310916 BH:1478100

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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