



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
TO BE EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sunrise Rentals LLC

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

11392 W. Creekbend Dr. Star, ID 83669

(Street Address)

P.O. Box 414, Star, ID 83669

(Mailing Address, if different than street address)

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

Lance Snyder

(Name)

11392 W. Creekbend Dr.

(Street Address)

Star, ID 83669

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

Lance Snyder

Name

11392 W. Creekbend Dr.

Address

Star, ID 83669

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

P.O. Box 414, Star, ID 83669

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

Signature of a manager, member or authorized person.

Signature Lance Snyder

Typed Name: Lance Snyder

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2010 05:00
CK: 1210 CT: 252901 BH: 1247748
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