

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	STATE OF IDAHO
The name of the limited liability cor	mpany is: SIATE OF IDAMO
	AROLAND, LLC
The complete street and mailing ad	dresses of the initial designated/principal office:
	tie Lane, Twin Falls, ID 83301
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	lress of the registered agent:
M Shawn Roland	3136 Vickie Lane, Twin Falls, ID 83301
(Name)	(Street Address)
company: Name	Address
M Shawn Roland	3136 Vickie Lane, Twin Falls, ID 83301
Angelina M Roland	3136 Vickie Lane Twin Falls, ID 83301
Mailing address for future correspo	, -
3136 Vick	kie Lane, Twin Falls, iD 83301
. Future effective date of filing (optio	nall.
. Future effective date of filling (option	· · · · · · · · · · · · · · · · · · ·
gnature of organizer(s). (An organizer is	a member, or is
ting in behalf of a member or members),	
The whom River	Secretary of State use only
gnature W/WWW MC W W Moland	d 8
/ped Name: Angelina M Rolan	
ignature	\$8 IDANO SECRETARY OF 870 98 05/04/2009 05
yped Name:	CX: 2235 CT: 236762 BH: 1 1 8 100.00 = 100.00 ORSO
/ F = · · · · · · · · · · · · · · · · ·	

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