

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

Signature:

Printed Name:



	•	 _	VE 18. STATE	
1.	The name of the limited liability comp	anv is:	PRAHTATE	
	William Edward Ashley LLC			
		d Liability Company," "Limited Compan	y," or the abbreviations L.L.C., LLC, or LC)	
2.	The complete street and mailing addresses of the principal office is:			
	478 Robbins Avenue Twin Falls, ID 83301			
	(Street Address)			
	478 Robbins Avenue Twin Falls, ID 83301			
	(Mailing Address, if different)			
3.	The name of the registered agent and street address of the registered agent:			
	William Ashley 478 Robbins Avenue	Twin Falls, ID 83301		
	(Name)	(Address cannot be a post office box or pr	ostal mail box)	
4.				
	The name and address of at least one governor of the limited liability company:			
	William Ashley	478 Robbins Avenue Twin Falls, ID 83301		
	(Name)	(Address)		
	(Name)	(Address)		
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	(Name)	(Address)		
	\$1.00mm	(nothersa)		
	(Name)	(Address)		
<i>-</i> -	NA-Way adduses for fitting across as			
5.	Mailing address for future correspondence (annual report notices):			
	1096 North Eastland Drive Ste 200 Twin Falls, ID 83301 (Address)			
	(Montess)			
Sia	nature of organizer(s).			
			Secretary of State use only	
Sig	nature:		IDAHO SECRETARY OF STATE	
<u>.</u>	William Ashley	יושב.	03/30/2017 05:00 :164005 CT:133675 BH:1576392	
Prir	ited Name: William Ashley	j	.10=000 GI.100010 BM:101002 100 00 - 100 00 0001W TTF #2	

CK:164005 CT:133675 BH:1576392 10 100.00 = 100.00 ORGAN LLC #2

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