



# 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.

**FILED EFFECTIVE**

2016 AUG 19 AM 9:20

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
Twin Falls Escape Rooms, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
4026 N Canyon Ridge Drive, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Troy Mahlke

139 River Vista Place, Suite 202, Twin Falls, ID 83301

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Tonya R. Ford

4026 N Canyon Ridge Drive, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

139 River Vista Place, Suite 202, Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: Tonya R. Ford

Printed Name: Tonya R. Ford

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/19/2016 05:00

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