



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 12 PM 1:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FOUR SONS, LLC

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

1411 FALLS AVE EAST STE 215, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

ROSE ANN ECKROTE

(Name)

1411 FALLS AVE EAST STE 215

(Street Address)

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

Name

Address

ROSE ANN ECKROTE

1411 FALLS AVE EAST STE 215

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

1411 FALLS AVE EAST STE 215 TWIN FALLS, ID 83301

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Rose Ann Eckrote

Typed Name: ROSE ANN ECKROTE

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/12/2008 05:00
CK: 2478 CT: 228765 BH: 1131368
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