



# 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

1411 FALLS AVE EAST STE 215

(Name)

(Street Address)

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

Name

ROSE ANN ECKROTE

Address

1411 FALLS AVE EAST STE 215

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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

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

LLC Form 1000\_06\_06  
Revised 07/2008

IDaho SECRETARY OF STATE  
08/12/2008 05:00  
CK: 2478 CT: 228765 BH: 1131368  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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