

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

Complete and submit the application in duplicate.

2017 SEP -6 AM 8:38

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability company is:

(Remember to includ	the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and	mailing addresses of the principal office is:
851 Fairview Dr. Twir	·
(Street Address)	
(Mailing Address, if different)	
The name of the registe	ed agent and street address of the registered agent:
Majid Kiani Azad 851	airview Dr. Twin Falls ID 83301
(Name)	(Address cannot be a post office box or postal mail box)
The name and address	of at least one governor of the limited liability company:
•	Fairview Dr. Twin Falls ID 83301
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
(**************************************	(Addicas)
(Name)	(Address)
Mailing address for futu	e correspondence (annual report notices):
851 Fairview Dr. Twin F	·
(Address)	alis, idano 6550 i
nature of organizer(s).	<u> </u>
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