

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 14 AM 8: 42

SECRETARY OF STATE STATE OF IDAHO

Aailing Address, if different than street address) te name and complete street address of the Tim Quesnell Name) (Street Address of at least one members)	ne registered agent: 3058 N 4600 E Twin Falls, ID 83301
Tim Quesnell (Name) (Street Address of at least one member ompany: Name	3058 N 4600 E Twin Falls, ID 83301 oddress) ber or manager of the limited liability Address
(Name) (Street And Andrews) (Street Andrews) (Name) (Name) (Name) (Name) (Name)	3058 N 4600 E Twin Falls, ID 83301 oddress) ber or manager of the limited liability Address
Tim Quesnell (Name) (Street Archive) The name and address of at least one member ompany: Name	3058 N 4600 E Twin Falls, ID 83301 oddress) ber or manager of the limited liability Address
(Name) (Street And Andrews) (Street Andrews) (Name) (Name) (Name) (Name) (Name)	ber or manager of the limited liability Address
he name and address of at least one member ompany: Name	ber or manager of the limited liability Address
ompany: <u>Name</u>	Address
	
Tim Quesnell	3058 N 4600 E Twin Falls, ID 83301
failing address for future correspondence (a	annual report notices):
R Q Partnership LLC, PO Box	5064, Twin Falls, ID 83301
uture effective date of filing (optional):	
ature of organizer(s). (An organizer is a member, in behalf of a member or members).	oris
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d Name: Tim Quesnell	- § V) \ \ \ \ \
	IDAHO SECRETAR 11/14/200 CK: 4761 CT: 9772
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