

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 FEB -2 AM 10: 13 SECRETARY OF STATE

The complete street and	mailing addresses of the initial designated office:
634 Taylor St, Twin Falls, ID	
(Street Address) PO Box 1293, Twin Falls, ID	2 83303-1293
(Mailing Address, if different than st	
The name and complete	street address of the registered agent:
Matthew Thompson	634 Taylor St, Twin Falls, ID 83301
(Name)	(Street Address)
<u>Name</u> Matthew Thompson	Address 634 Taylor St, Twin Falls, ID 83301
_	e correspondence (annual report notices):
Mailing address for future PO Box 1293, Twin Falls, ID	
PO Box 1293, Twin Falls, IC	D 83303-1293
PO Box 1293, Twin Falls, ID	
PO Box 1293, Twin Falls, ID	0 83303-1293 filing (optional):
PO Box 1293, Twin Falls, ID Future effective date of finature of a manager, m	nember or authorized
PO Box 1293, Twin Falls, in Future effective date of finature of a manager, mon.	0 83303-1293 filing (optional):
PO Box 1293, Twin Falls, in Future effective date of finature of a manager, manager, manager.	illing (optional): member or authorized Secretary of State use only
PO Box 1293, Twin Falls, ID	nember or authorized Secretary of State use only IDAHO SECRETARY OF ST
PO Box 1293, Twin Falls, in Future effective date of finature of a manager, moson.	nember or authorized Secretary of State use only