



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 27 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Third Corner LLC

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

210 Cliff St Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Lisa Schultz

(Name)

210 Cliff St Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Lisa Schultz

210 Cliff St Idaho Falls, ID 83402

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

210 Cliff St Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Lisa Schultz

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/27/2013 05:00
CX: 9770 CT: 96134 BH: 1391834
1 @ 100.00 = 100.00 ORGAN LLC # 2

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