

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT -8 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heber KAPCSOS CONSTRUCTION L.L.C.

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

1123 LAVINA AVENUE TWIN FALLS ID. 83301
(Street Address)P.O. BOX 5421 TWIN FALLS ID 83303
(Mailing Address, if different than street address)

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

Heber KAPCSOS
(Name)1123 LAVINA AVENUE TWIN FALLS ID
(Street Address) 83301

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

Name

Address

Heber KAPCSOS1123 LAVINA AVE. TWIN FALLS ID

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

1123 LAVINA AVENUE TWIN FALLS ID. 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Heber KAPCSOS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/08/2014 05:00

CK:17048541093 CT:301955 BH:1444432

1@ 100.00 = 100.00 ORGAN LLC #2

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THANKS!