



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 DEC -4 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NWSLOS LLC.

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

321 Eastland Dr. Twin Falls, ID. 83301

(Street Address)

(Mailing Address, if different than street address)

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

Nathan Lyda

(Name)

1852 Riverwood Rd. Twin Falls, ID. 83301

(Street Address)

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

Name

Address

Nathan Lyda

1852 Riverwood Rd. Twin Falls, ID. 83301

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

1852 Riverwood Rd. Twin Falls, ID. 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Nathan Lyda

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/04/2014 05:00

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