

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2014 APR 17 AM 8: 49

(Instructions on back of application)

2. The complete street and mailing addresses of the initial designated office: 3505 N. Pinchaven Dr. Island Park, ID 83429 (Street Address) P.O. Box 376 Island Park, ID 83429 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Watson eGrand Ellism 3505 N. Pinchaven Dr. Island Park. (Name) (Street Address) ID. 83429
2. The complete street and mailing addresses of the initial designated office: 3505 N. Pinchaven Dr. Island Park, ID 83429 (Street Address) P.O. Box 376 Island Park, ID 83429 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:
(Street Address) P.O. Box 376 Island Park, ID 83429 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:
(Street Address) P.O. Box 376 Island Park, ID 83429 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:
Watson LeGrand Ellison 3505 N. Pinehaven Dr. Island Park. (Name) ID. 83429
I i
The name and address of at least one member or manager of the limited liability company:
Name Address
Jamie T. Ellison 2505 N. Pindravan Dr. Island Park, ID
83429
Mailing address for future correspondence (annual report notices):
P.O. Box 376 Island Paik, I.D. 83429
6. Future effective date of filing (optional):
Circulture of a manager months of a subbasined
Signature of a manager, member or authorized person.
Secretary of State use only
Signature / IDAHO SECRETARY OF STATE Typed Name: Water / Grand Clican 84/17/2014 05:00
CK:1161 CT:295777 BH:1420634
Signature 16 100.00 = 100.00 ORGAN LLC #
Typed Name: Jamie T. Ellison W136830