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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.
**FILED EFFECTIVE**  
 2016 NOV 16 PM 1:58

 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

**CHAMBREA'S LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**806 MAIN AVE N, TWIN FALLS, IDAHO 83301**

(Street Address)

(Mailing Address, if different)

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

**VICKIE COLLINS**
**818 CENTO DR, TWIN FALLS, IDAHO 83301**

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

**VICKIE COLLINS**
**818 CENTO DR, TWIN FALLS, IDAHO 83301**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**806 MAIN AVE N, TWIN FALLS, IDAHO 83301**

(Address)

Signature of organizer(s).

Signature: Printed Name: **RANDY GENTRY**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/16/2016 05:00

CK:4360998 CT:172099 BH:1555580

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