



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY 14 AM 9:05

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Barger Twin Falls, LLC

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

5501 W. State St. Boise, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Mark E. Salvi

(Name)

5501 W. State St. Boise, ID 83703

(Street Address)

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

Name

Address

Salvi Properties, L.P.

2568 W. Timber Dr. Eagle, ID 83616

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

5501 W. State St. Boise, ID 83703

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

Signature of a manager, member or authorized person.

Salvi Management, Inc

Signature *Edwin J. Salvi*

Typed Name: Edwin J. Salvi, President

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2014 05:00

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