



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
JAN -6 AM 8:07
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DAVE ALVES, LLC

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

1226 Quail Street, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Dave Alves

(Name)

1226 Quail Street, Twin Falls, ID 83301

(Street Address)

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

Name

Dave Alves

Address

1226 Quail Street, Twin Falls, ID 83301

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

1226 Quail Street, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Dave Alves

Signature

Typed Name:

Secretary of State use only

IdahoForm LLC Form 1001 Rev. 07/2008

IDAHO SECRETARY OF STATE
01/06/2010 05:00
CK: 1868 CT: 243592 BH: 1262862
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