

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAR 20 AM 8: 54

	(Instructions on	back of application)	CONTRACTOR OF CONE
1.	The name of the limited liability	y company is:	STATE OF 10/440
	FATS LLC		
2.	The complete street and mailing addresses of the initial designated office:		
	1222 LAWNDALE DR., TWIN FALL	.S, ID 83301	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Daniel Forest Doan	1222 LAWNDALE DR., TWIN FALLS, ID 83301	
	(Name)	(Street Address)	
	4. The name and address of at least one member or manager of the limited company: Name Address		
	Daniel Forest Doan	1222 Lawndale Dr., Twin Falls, ID 83301	
5.	Mailing address for future correct 1222 Lawndale Dr., Twin Falls, ID	·	T notices):
6.	Future effective date of filing (c	optional):	
Sigr	nature of a manager, memberson.	er or authorized	
·	1) & _		Secretary of State use only
-	nature Panial Forcet Page		
Тур	ed Name: Daniel Forest Doan		
Siar	nature		TATE
	ed Name:		IDAHO SECRETARY OF STATE 03/20/2014 05:00
			CK: 98509989 CT: 294612 BH: 1416 1 8 198.88 = 198.88 ORGAN LLC #

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