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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**

2017 MAR -3 PM 2: 28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Power Team 818 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:

515 Whispering Pine Dr., Twin Falls, ID 83301-8916

(Street Address)

(Mailing Address, if different)

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

Greg Edgar

1411 Falls Ave E, Suite 1201, Twin Falls, ID 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:

Dustin Nelson

515 Whispering Pine Dr., Twin Falls, ID 83301-8916

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 5477, Twin Falls, ID 83303

(Address)

Signature of organizer(s).

Signature:

Printed Name: Dustin Nelson

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/03/2017 05:00

CK:12993716 CT:172099 BH:1571853

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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