



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAR 29 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HABITAT SERVICES, L L C

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

1246 8TH. AVENUE EAST, TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

JULIANNE YATES

(Name)

1246 8TH. AVENUE EAST, TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

JULIANNE YATES

1246 8TH AVENUE EAST, TWIN FALLS, ID 8330112

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

1246 8TH AVENUE EAST, TWIN FALLS, IDAHO 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JULIANNE YATES

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/29/2011 05:00
CK: 18846658215 CT: 257113 BH: 1266539
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W101831