

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 MAR -5 AM 8: 37

(Instructions on back of application)

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The name of the limited liability co	mpany is: STATE OF STATE
The hame of the littled hability co	
	E.G. Property, LLC
,	ddresses of the initial designated/principal office:
	sen Ave., Burley, Idaho, 83318
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
Graciela Mendoza	1300 Hansen Ave., Burley, Idaho 83318
(Name)	(Street Address)
The name and address of at least of company: Name	one member or manager of the limited liability
Graciela Mendoza	1300 Hansen Ave., Burley, Idaho 83318
Esthela Madrigal	1300 Hansen Ave., Burley, Idaho 83318
Mailing address for future correspond	ndence (annual report notices):
•	sen Ave., Burley, Idaho 83318
Future effective date of filing (option	nal):
- • •	
nature of organizer(s). (An organizer is:	a member, or is
g in behalf of a member or members).	·
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