



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG -7 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ANTONIO ARECHIGA 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:

425 FILER AVE TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different)

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

ANTONIO ARECHIGA

425 FILER AVE TWIN FALLS, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

ANTONIO ARECHIGA

425 FILER AVE TWIN FALLS, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

425 FILER AVE TWIN FALLS, ID 83301

(Address)

Signature of organizer(s).

Printed Name:

ANTONIO ARECHIGA

Signature:

Antonio Arechiga
CUEVAS

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/07/2018 05:00

CK:158 CT:361551 BH:1657583

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