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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG -1 PM 3:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Arco Oasis LLC

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

3651 East 109 North, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Lynette Livesay

(Name)

3651 East 109 North, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Lynette Livesay

Address

3651 East 109 North, Idaho Falls, Idaho 83401

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

Lynette Livesay 3651 E 109 N IF Id 83401

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

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).Signature Lynette LivesayTyped Name: Lynette Livesay

Secretary of State use only

Signature _____

Typed Name: _____

 Form LLC-0001-01
 Rev. 07/2008
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 IDAHO SECRETARY OF STATE
 08/01/2008 05:00
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