

Printed Name: -

Rev. 11/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

**FILED EFFECTIVE** 

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 NOY -9 AM 8: 56

Complete and submit the application in duplicate.

	Complete and Submit	the application in <u>dublicate</u> .	STATE OF IDAHO
1.	The name of the limited liabili	ty company is:	onit or iballo
	Rustics, LLC		
	(Remember to include the wo	ords "Limited Liability Company," "Lin	ited Company," or the abbreviations L.L.C., i.L.C., or L.C.)
2.	The complete street and mailing addresses of the principal office is:		
	867 Rim View Ln East TWIN FALLS ID 33301		
	(Street Address)		
	Maring Address, if different)		
3.	The name of the registered agent and the street address of the registered agent:		
	David M. Anderson	867 Rim View Ln I	East TWIN FALLS ID 83301
	(Name)	(Address cannot be a post	office cox ut postar mail box.)
		i i i i i i i i i i i i i i i i i i i	attend timb title a name of the
4.	The name and address of at least one governor of the limited liability company:  867 Rim View Ln East TWIN FALLS ID 83301		
	David M. Anderson		East TWIN FALLS ID 83301
	(none)	(Address)	
	(Marie) (Address)		
	(Mame)	(Address)	
	(Marie)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	867 Rim View Ln East TWIN FALLS ID 83301		
	(Address)		
ο.			
Sig	nature of organizer(s).		Secretary of State use only
Sig	nature: Du Mu		IDAHO SECRETARY OF STATE
<b>.</b>	David M. Anderson		11/09/2016 05:00 CK:4004 CT:331036 BH:1554512
Prii	nted Name: David M. Anderson		16 100.00 = 100.00 ORGAN LLC #2
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Sig	nature:		W174072