



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

[Click here to clear form.](#)

**FILED EFFECTIVE**

2014 JUL 25 AM 8:51

1. The name of the limited liability company is:

NMI, LLC

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

1435 11th Ave. E., Twin Falls, ID 83301

(Street Address)

same as street address

(Mailing Address, if different than street address)

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

Jonathan M. Caton

(Name)

1435 11th Ave. E., 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

Jonathan M. Caton

1435 11th Ave. E., Twin Falls, ID 83301

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

1435 11th Ave. E., Twin Falls, ID 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Jonathan M. Caton

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

07/25/2014 05:00

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