



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 25 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TWIN PLAZA, LLC

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

621 N COLLEGE ROAD, STE 100, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

GERALD L. MARTENS

(Name)

621 N COLLEGE RD, STE 100, 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

GERALD L. MARTENS

621 N COLLEGE RD, STE 100, TWIN FALLS ID 83301

DANIEL S. FUCHS

3072 HEATHERWOOD RD, TWIN FALLS ID 83301

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

621 N COLLEGE RD, STE 100, TWIN FALLS ID 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: GERALD L. MARTENS

Signature

Typed Name: DANIEL S. FUCHS

Secretary of State use only

IDAHO SECRETARY OF STATE
07/25/2011 05:00
CK: 2087 CT: 268918 BH: 1283736
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