

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP 30 AN 10: 25

SECRETARY OF STATE STATE OF IDAHO

a complete street and mailing a	addroson of the initial designated/aringin-1-effica-
•	addresses of the initial designated/principal office:
(Street Address)	venue North, Twin Falls, Idaho 83301
P.O. Box 4	486, Twin Falls, Idaho 83303-0486
(Mailing Address, if different than street address	3)
The name and complete street ad	ddress of the registered agent:
R. Todd Blass	163 Fourth Avenue North, Twin Falls, Idaho 83301
(Name)	(Street Address)
company: <u>Name</u>	t one member or manager of the limited liability Address Address
R. Todd Blass	163 Fourth Avenue North, Twin Falls, Idaho 83301
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Mailing address for future corresp P.O. Box 4	oondence (annual report notices): 486, Twin Falls, Idaho 83303-0486
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P.O. Box 4	
P.O. Box 4	486, Twin Falls, Idaho 83303-0486
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F.O. Box 4 Future effective date of filing (opti	ional): is a member, or is Secretary of State use only
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