

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2014 HAY -6 AM 11: 24

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability com	npany is:	STATE OF IDAHO
	The New West House LLC		
2.	The complete street and mailing addresses of the initial designated office:  1625 Maple #13, Buhl, Idaho 83316  (Street Address)  255 Blue Lakes Blvd N, #632, Twin Falls, Idaho 83301  (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jack W. Chappell	1625 Maple #13, Buhl, Idaho 833	16
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or manager of the	limited liability
	<u>Name</u>	<u>Address</u>	
	Jack W. Chappell	1625 Maple #13, Buhl, Idaho 8331	16 
	Deborah K. Harris	1625 Maple #13, Buhl, Idaho 8331	16
5.	Mailing address for future correspon	,	
	255 Blue Lakes Blvd N, #632, Twin Falls,	Idaho 83301	
6.	Future effective date of filing (options	al):	
_	nature of a manager, member or son.		ry of State use only
Sig	nature Tralewhash	прино	SECRETARY OF STATE
_	ped Name: Jack W. Chappell	CK:147872	06/2014 05:00 CT:296535 BH:142351 = 100.00 ORGAN LLC:
Sig	nature <u>Velmah K. Kan</u>	nes	
Тур	ped Name: Deborah K. Harris	— W/	37584

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