



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 20 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Curtis Wormsbaker, LLC

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

207 Sage St. Kimberly, ID 83341
(Street Address)

(Mailing Address, if different than street address)

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

Curtis Wormsbaker Same as above.
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Kim Wormsbaker</u>	<u>207 Sage St Kimberly, ID 83341</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

207 Sage St Kimberly ID 83341

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

Signature of a manager, member or authorized person.

Signature Kim Wormsbaker

Typed Name: Kim Wormsbaker

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/20/2015 05:00

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