

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 JAN 14 AM 8: 34

E TUBE	(instructions on par	ok of application)	SECRETARY OF STATE
1. The nar	ame of the limited liability company is:		STATE OF IDAHO
	Family Holdings, LLC	_	
4142 S	nplete street and mailing a hoshone Falls Grade, Twin Falls		itial designated office:
(Street A	ddress)		
(Mailing A	Address, if different than street address)		
3. The nat	The name and complete street address of the registered agent:		
•	Brothers Law Office, PLLC	1166 Eastland Dr	. N. #A, Twin Falls, ID 83301
(Name)		(Street Address)	
4. The nat	ny:	one member or m	anager of the limited liability
Doroth	<u>Name</u> v Rea	4142 Shoehone S	Address Falls Grade, Twin Falls, ID 83301
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	•		
5. Mailino	address for future corresp	ondence (annua) r	eport notices):
-	Shoshone Falls Grade, Twin Fall	•	
6. Future	effective date of filing (opti	onal):	
Signature	of a manager, member	or authorized	
person.	\sim	 	Secretary of State use only
Signature_	S/ 0450		Controlly of Pages ages of the
oignature_ T∨ned Nam	ne: Dorothy Rea, Authorized M	Manager	
Typed Hall			10AHO SECRETARY OF STATE 01/14/2015 05:00
Signature			CK:2495632 CT:172099 BH:14
Typed Name:			10 100.00 = 100.00 ORGAN I
Typou rame.			16 20.00 = 20.00 EXPEDITE

cert_org_lic Rev. 07/2010

W146383