



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code  
Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2018 APR 10 AM 9:02**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**LOMBARDI PROPERTIES, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**2796 INDIAN TRAILS TWIN FALLS, ID 83301**

(Street Address)

(Mailing Address, if different)

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

**DAVID LOMBARDI**

**2796 INDIAN TRAILS TWIN FALLS, ID 83301**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**DAVID LOMBARDI**

**2796 INDIAN TRAILS TWIN FALLS, ID 83301**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**2796 INDIAN TRAILS TWIN FALLS, ID 83301**

(Address)

Signature of organizer(s).

Printed Name: **DAVID LOMBARDI**

Signature: *David Lombardi*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**04/10/2018 05:00**

CR:2234 CT:356031 BH:1637465

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