



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 DEC 22 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Troy & Judith Williams LLC

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

4077 Sage Springs Circle

(Street Address)

Kimberly ID, 83341

(Mailing Address, if different than street address)

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

Troy Williams

(Name)

4077 Sage Springs Circle, Kimberly ID, 83341

(Street Address)

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

Name

Judith Williams

Address

4077 Sage Springs Circle, Kimberly ID, 83341

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

4077 Sage Springs Circle, Kimberly ID, 83341

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Troy Williams

Signature

Typed Name:

Secretary of State use only

W80088

IDAHO SECRETARY OF STATE
12/22/2008 05:00
CK: 2965 CT: 200064 BH: 1149191
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Revised 07/2008