

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 MAY 27 AM 8: 06

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability cor	mpany is:
	Vall-Denn LLC
The complete street and mailing ad-	dresses of the initial designated/principal office:
	nd St., Hansen, ID. 83334
(Street Address) P.O. Box 463, Hansen, ID. 83334	
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
Bill Denney	257 2nd St., Hansen, ID. 83334
(Name)	(Street Address)
The name and address of at least o company:	ne member or manager of the limited liability
<u>Name</u>	Address
Bill Denney	257 2nd St., Hansen, ID. 83334
Amy Valleau	843 Springhollow Ct. Twin Falls, ID. 83301
Mailing address for future correspor	ndence (annual report notices):
	ox 463, Hansen, ID. 83334
Future effective date of filing (option	nal):
nature of organizer(s). (An organizer is a	a member, or is
ng in behalf of a member or members).	Secretary of State use only
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