

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

		FILEDER
	OF ORGANIZATION BILITY COMPANY	SO12 DEC 20 MM 8:51
(Instructions	on back of application)	20 My 8: 2
. The name of the limited liab	oility company is:	
2. The complete street and ma 539 SOUTH 800 EAST, JEROM (Street Address)	iling addresses of the initial desigr IE, IDAHO 83338	nated office:
(Mailing Address, if different than street	addrace)	
,	eet address of the registered agen	t:
EVAN T. ROTH (Name)	161 5TH AVE. S, STE 310 TV (Street Address)	WIN FALLS, ID. 83303
 The name and address of at company: Name 	t least one member or manager of	ess ess
ROTH FAMILY, LLC	539 SOUTH 800 EAST, JERG	OME, IDAHO 83338
5. Mailing address for future co	orrespondence (annual report notic ME, IDAHO 83338	ces):
6. Future effective date of filing	g (optional):	
signature of a manager, men erson.	nber or authorized	
Signature <u>Can T]]-</u>	s	ecretary of State use only
Typed Name: EVANT Roth		

IDAHO SECRETARY OF STATE

12/20/2012 05:00

CK; 3667 CT: 233790 BH: 1352242
1 @ 100.00 = 100.00 ORGAN LLC # 6
1 @ 20.00 = 20.00 EXPEDITE C # 7

W120081

Signature____

Typed Name: _____