

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 APR 14 AM ID: 03

	LIMITED LIABILIT	TY COMPANY	2014 APR 14 AM 10: 03
	(Instructions on back	of application)	SECRETARY OF SMATE
1.	The name of the limited liability con	npany is:	STATE OF 124-20
	CSH L.L.C.		VII (144 W3 3-47), 10
2.	The complete street and mailing addresses of the initial designated office:		
	676 Gimlet Drive, Twin Falls, ID 83301 (Street Address)		
_	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Summer Howard	676 Gimlet Drive, Twin Falls, ID 83301	
	(Name)	(Street Address)	
	company: Name Summer Howard	Address 676 Gimlet Drive. Twin Falls, ID 83301	
	Summer Howard	676 Gimlet Drive, Twin Falls, ID 83301	
	Clayton Howard	676 Gimlet Drive, Twin Falls, ID 83301	
5.	Mailing address for future correspondence (annual report notices):		
	676 Gimlet Drive, Twin Falls, ID 83301		
6.	Future effective date of filing (option	nal):	
	3 (4)	7	
_	nature of a manager, member or	authorized	
per	son.		Secretary of State use only
Sigi	nature // Market		
_	ed Name: <u>OAV forces</u>		
	/		IDAHO SECRETARY OF STATE
Sig	nature		04/14/2014 05:0

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94/14/2014 95:90

CK: 1162 CT: 295632 BH: 1420084

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Typed Name: _____