



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 AUG 24 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LEWIS GROUP OF COMPANIES LLC

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

828 Sunrise Blvd North, . Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Kim Lewis

(Name)

828 Sunrise Blvd North, . Twin Falls, ID 83301

(Street Address)

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

Name

Address

Kim Lewis

828 Sunrise Blvd North, Twin Falls, ID 83301

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

828 Sunrise Blvd North, . Twin Falls, ID 83301

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

Marsha Siha

Typed Name: MARSHA SIHA

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/24/2015 05:00

CK:35016 CT:187501 BH:1489226
10 100.00 = 100.00 ORGAN LLC #2

510001formLLC form/Car/ org, llc PMO
Revised 07/2008

W155386