



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 OCT -1 AM 8:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

STEVENHOPS, LLC

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

370 W 700 S APT 104, REXBURG, ID 83440

(Street Address)

370 W 700 S APT 104, REXBURG, ID 83440

(Mailing Address, if different than street address)

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

STEVEN THOMAS HOPKINS

(Name)

370 W 700 S APT 104, REXBURG, ID 83440

(Street Address)

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

Name

Address

STEVEN THOMAS HOPKINS

370 W 700 S APT 104, REXBURG, ID 83440

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

370 W 700 S APT 104, REXBURG, ID 83440

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: STEVEN THOMAS HOPKINS

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/01/2015 05:00

CK:104 CT:315206 BH:1494610

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