



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JUL 18 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DOUBLE S SALES, LC

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

435 E 3320 N MALAD, ID 83252

(Street Address)

(Mailing Address, if different than street address)

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

SHAWN BARBER

(Name)

435 E. 3320 N. MALAD, ID 83252

(Street Address)

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

<u>Name</u>	<u>Address</u>
SHAWN BARBER	435 E. 3320 N. MALAD, ID 83252
MELANIE BARBER	435 E. 3320 N. MALAD, ID 83252
KENNETH A HALL	134 S. 1660 W. WEST POINT, UT 84015

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

435 E. 3320 N. MALAD, ID 83252

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Shawn Barber
Typed Name: SHAWN BARBER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/18/2014 05:00

CK: 3529 CT: 211677 BH: 1433804

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