CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 JAN -9 AM 8: 59

The complete street and mailing addresses of the initial designated 689 Borah Ave Twin Falls, ID. 83301 (Street Address) P.O. Box 5705 Twin Falls, ID. 83303 (Mailing Address, if different than street address) The name and complete street address of the registered agent: Robert A. Harshbarger JR. (Name) Robert A. Harshbarger JR. (Name) Name Robert A. Harshbarger JR. 689 Borah Ave Twin Falls, ID. 833 (Street Address) The name and address of at least one member or manager of the company: Name Address Robert A. Harshbarger JR. 689 Borah Ave Twin Falls, ID. 833 689 Borah Ave Twin Falls, ID. 833 Future effective date of filing (optional): gnature of a manager, member or authorized erson. Secretar gnature Secretar gnature Secretar gnature Secretar gnature Secretar gnature Secretar gnature	
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