



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 APR 22 AM 10: 29

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IMMhoskins, LLC

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

27170 Blue Ridge Lane, Culdesac, ID 83524

(Street Address)

(Mailing Address, if different than street address)

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

Iva Hoskins

(Name)

27170 Blue Ridge Lane, Culdesac, ID 83524

(Street Address)

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

Name

Iva Hoskins

Address

27170 Blue Ridge Lane, Culdesac, ID 83524

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

27170 Blue Ridge Lane, Culdesac, ID 83524

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Iva Hoskins

Typed Name: Iva Hoskins

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/2014 05:00

CK:3103 CT:243813 BH:1421406

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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