

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 31 AM 10:00  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

STORRER HOLDINGS LLC

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

1042 WILDWOOD WAY, TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

GARY STORRER

(Name)

1042 WILDWOOD WAY, TWIN FALLS, IDAHO 83301

(Street Address)

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

Name

Address

GARY STORRER, MANAGER

1042 WILDWOOD WAY, TWIN FALLS, IDAHO 83301

CONNIE STORRER, MANAGER

1042 WILDWOOD WAY, TWIN FALLS, IDAHO 83301

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

1042 WILDWOOD WAY, TWIN FALLS, IDAHO 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: GARY STORRER, MANAGER

Signature

Typed Name: CONNIE STORRER, MANAGER

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/31/2012 05:00  
CK: 121868 CT: 79744 BH: 1353591  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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