



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12 APR 23 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Twin Falls Restaurant Group, LLC

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

810 Mae Drive, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

William L Stevens

(Name)

810 Mae Drive, Twin Falls, ID 83301

(Street Address)

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

**Name**

**Address**

William L Stevens

810 Mae Drive, Twin Falls, ID 83301

Michael G Elison

855 Harmony Road, Twin Falls, ID 83301

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

810 Mae Drive, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: William L Stevens

Signature

Typed Name: Michael G Elison

Secretary of State use only

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04/23/2012 05:00  
CK: 1280 CT: 269688 BH: 1321022  
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