

Signature:

Signature:
Rev. 01/2018

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 MAR 28 AM 8: 34

SECRETARY OF STATE STATE OF IDAHO

	ling addresses of the principal office is:
946 RICE CIRCLE, TWIN	FALLS, ID 83301
Street Address)	N FALLS ID 02204
1296 FALLS AVE W, TWII Mailing Address, if different)	V FALES, ID 63301
(constant)	
The name and complete stre	et address of the registered agent:
SARAH COLEY	1296 FALLS AVE W, TWIN FALLS, ID 83301
Name)	(Address)
The popular and address of all	14 CO 10 10
	least one governor of the limited liability company:
SARAH COLEY	1296 FALLS AVE W, TWIN FALLS, ID 83301
(vanus)	(Address)
(Name)	(Address)
Name)	(Address)
	(Autorial)
Name)	
(Na.ne)	
	rrespondence (annual report notices):
	,

IDAHO SECRETARY OF STATE 03/28/2018 05:00

CK:2007 CT:355287 BH:1634913 16 100.00 = 100.00 ORGAN LLC #2

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