

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

II MAY 19 AM 9:07

(Instructions on back of application)

SECHIE OF OF STATE STATE OF IDAHO

	Magic Wash, LLC
The complete street and maili 808 Cheney Dr. Twin Falls, ID 833	ng addresses of the initial designated/principal office: 01
(Street Address)	
Mailing Address, if different than street ad	dress)
e name and complete stree	t address of the registered agent:
Mark Kissner	808 Cheney Dr. Twin Falls, ID 83301
Name)	(Street Address)
ompany: <u>Name</u> Mark Kissner	Address 125 Blue Lakes Grade, Jerome, ID 83338
Mark Kissner	125 Blue Lakes Grade, Jerome, ID 83338
08 Cheney Associates	P.O. Box 539 Ketchum, ID 83340
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lattina addina de de	
Mailing address for future corr 808 Cheney Dr. Twin Falls, ID 833	espondence (annual report notices):
October Di. 1 Will Palls, ID 633	
uture effective date of filing (optional):
•	
ture of a manager, memb	er or authorized
n. Anall	Secretary of State use only
ture // / / /	
i Name: Mark E. Kissner	
	TROUB SECRETAL

05/19/2011 05:00 05/19/2011 05:00 CK: 5936 CT: 257126 BH: 1274324 1 0 108.09 = 100.00 ORGAN LLC # 2 1 0 28.00 = 20.00 EXPEDITE C # 3

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