

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 MAR 14 AM 9:28

C SOL	(Instructions on	back of application)	SECRETARY	
1. The name	e of the limited liability	v company is:	SECRETARY OF STATE STATE OF IDAHO	
AVB Hon	•	, sempany is:	-/ ¥ IQ	
2. The com	he complete street and mailing addresses of the initial designated office:			
	1360 Lawndale Drive, Twin Falls, ID 83301			
(Street Add	(Street Address)			
(Mailing Add	(Mailing Address, if different than street address)			
3. The name	he name and complete street address of the registered agent:			
Pedro Bu	ıstos	1360 Lawndale D	rive, Twin Falls, ID 83301	
(Name)	· · · · · · · · · · · · · · · · · · ·	(Street Address)		
company	<u>Name</u>		Address	
Pedro Bu	istos	1360 Lawndale D.	rive, Twin Falls, ID 83301	
Veta Bus	itos	1369 Lawndale D	rive, Twin Falls, ID 83301	
5. Mailing a	ddress for future corre	spondence (annual re	eport notices):	
-	vndale Drive, Twin Falls, ID	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Future ef	fective date of filing (o	ptional):		
	i a manager, membe	r or authorized		
oerson.	N T		Secretary of State use only	
Signature	by o		IDAHO SECRETARY OF STATE	
Typed Name:	Pedro Bustos		03/15/2016 05:00	
~	1111		CK: 6134 CT: 304113 BH: 1518	
Signature <u>//</u>			W163790	
Typed Name:	· Veta Bust	25	11/140 1710	