



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 29 AM 9:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SNAKE RIVER MOVERS, LLC

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

2137 KIMBERLY ROAD, TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

NATHAN HAVENER

(Name)

2137 KIMBERLY ROAD, 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**

NATHAN HAVENER

2137 KIMBERLY ROAD, TWIN FALLS, ID 83301

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

2137 KIMBERLY ROAD, TWIN FALLS, ID 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Nathan Havener*

Typed Name: NATHAN HAVENER

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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04/29/2010 05:00  
CK: 21445 CT: 19922 DN: 1219965  
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