

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 FEB -7 AM 8: 40

2. The complete street and mailing addresses of the initial designated office: 320 2ND AVE N TWIN FALLS ID 83301 [Street Address] [Mailing Address, if different than street address of the registered agent: JAY BRIDE 320 2ND AVE N TWIN FALLS ID 83301 [Name] 320 2ND AVE N TWIN FALLS ID 83301 4. The name and address of at least one member or manager of the limited liability company: Name Address JAY BRIDE 3228 HIGHLAWN TWIN FALLS ID 83301 5. Mailing address for future correspondence (annual report notices): 320 2ND AVE N TWIN FALLS ID 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: JAY BRIDE 1DAND SEEKETARY OF STATE 2/07/2013 05:208 11 1948 06:21835 08:1.155826: 12 1948 06:21835 08:1.155826: 12 1948 06:21835 08:1.155826: 13 1848 06:21845 08:1.155826: 14 1848 06:21845 08:1.155826: 15 1848 06:21845 08:1.155826: 16 1858 08:30 1.155826: 17 1848 08:21845 08:30 1.155826: 18 1858 08:30 1.155826: 18 1858 08:30 1.155826: 18 1858 08:30 1.155826: 18 1858 08:30 1.155826: 18 1858 08:30	The name of the limited liability company is: SLEEPING FOX LLC		SECRETARY OF STATE STATE OF IDAHO
3. The name and complete street address of the registered agent: JAY BRIDE (Name) 320 2ND AVE N TWIN FALLS ID 83301 4. The name and address of at least one member or manager of the limited liability company: Name Address JAY BRIDE 3228 HIGHLAWN TWIN FALLS ID 83301 5. Mailing address for future correspondence (annual report notices): 320 2ND AVE N TWIN FALLS ID 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Signature Typed Name: 109H0 SECRETARY 9F STATE 22/07/2013 95 = 20	320 2ND AVE N TWIN FALLS II		al designated office:
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(Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address JAY BRIDE 3228 HIGHLAWN TWIN FALLS ID 83301 5. Mailing address for future correspondence (annual report notices): 320 2ND AVE N TWIN FALLS ID 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name JAY BRIDE Signature Typed Name JAY BRIDE Signature Typed Name: Tidano SECRETIARY OF STATE 22/87/2013 05:200 CX: 3885 CT: 218695 BH: 135922. 18 180,90 GRANH LIC #	3. The name and complete stree	et address of the register	ed agent:
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5. Mailing address for future correspondence (annual report notices): 320 2ND AVE N TWIN FALLS ID 83301 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name JAY BRIDE Signature Typed Name: JAY BRIDE IDAHO SECRETARY OF STATE 22/07/2013 05:00 18 138925 CT: 218695 8ht 135923 18 188.80 = 188.80 ENGRAN LC: \$1.00.000 PROMINE PR	<u>Name</u>		
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