



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB -7 AM 8:40

FILED EFFECTIVE

1. The name of the limited liability company is:

SLEEPING FOX LLC

SECRETARY OF STATE
STATE OF IDAHO

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)

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

JAY BRIDE

(Name)

320 2ND AVE N 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

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.

Secretary of State use only

Signature _____

Typed Name: JAY BRIDE

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/07/2013 05:00
CK: 3085 CT: 210695 BH: 1359223
1 @ 100.00 = 100.00 ORGAN LLC # 2

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