



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2015 APR 13 AM 10:19

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Lobo Ventures, LLC

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

1070 Laurelwood Court, Twin Falls, ID 83301

(Street Address)

P.O. Box 6029, Twin Falls, ID 83303

(Mailing Address, if different than street address)

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

Lori Halle Ward

(Name)

1070 Laurelwood Court, Twin Falls, ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Lori Halle Ward

Address

P.O. Box 6029, Twin Falls, ID 83303

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

P.O. Box 6029, Twin Falls, ID 83303

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Lori Halle Ward

Typed Name: Lori Halle Ward

Secretary of State use only

IDaho SECRETARY OF STATE

04/13/2015 05:00

CK:1493 CT:206593 BH:1470500
1@ 100.00 = 100.00 ORGAN LLC #2

Signature _____

Typed Name: _____

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