





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004430214

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| Certificate of Organization Limited Liability Compan Select one: Standard, Expedited or Sa descriptions below) | • | Standard (filing fee \$100) | |
|--|-------------------------|--|------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Sellers Choice Idaho L.L.C. | |
| 2. The complete street address of the principal offic | e is: | | |
| Principal Office Address | | 559 WOODLAND DRIVE TWIN FALLS, ID 83301 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | PO BOX 1767 TWIN FALLS, ID 83303-1767 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent Mark Wilson | |
| | | Physical Address: | |
| | | 559 WOODLAND DRIVE | |
| | | TWIN FALLS, ID 83301 Mailing Address: | |
| | | PO BOX 1767 | |
| | | TWIN FALLS, ID 83303-1767 | |
| ☑ I affirm that the registered agent ap | pointed has consented t | o serve as registered agent for this | entity. |
| 5. Governors | | | |
| Name | | Address | |
| Mark Wilson | | 559 WOODLAND DRIVE TWIN FALLS, ID 83301 | |
| | • | | |
| Signature of Organizer: | | | |
| Signature of Organizer: Mark Wilson | | | 09/29/2021 |