

Typed Name: \_

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

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(Instructions on back of application) SECRETARY OF STA

P.O. Box 1293, Twin Falls, Idaho 83303-1293  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:    David M. Christensen	plete street address of the registered agent:    Sitensen	401 Gooding Street (Street Address)	North, Ste. #201, Twin Falls, Idaho 83301	
David M. Christensen (Name)  David M. Christensen (Street Address)  401 Gooding Street No. Ste. #201, Twin Falls, ID 83301 (Street Address)  401 Gooding Street No. Ste. #201, Twin Falls, ID 83301 (Street Address)  Address David M. Christensen  David M. Christensen  401 Gooding Street No. Ste. #201, Twin Falls, ID 83301  5. Mailling address for future correspondence (annual report notices): P.O. Box 1293, Twin Falls, Idaho 83303-1293  6. Future effective date of filing (optional):  Segretary of State use only	plete street address of the registered agent:    401 Gooding Street No. Ste. #201, Twin Falls, ID 83301 (Street Address)   ress of at least one member or manager of the Ilmited liability   me	P.O. Box 12		
(Name) (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  David M. Christensen  401 Gooding Street No. Ste. #201, Twin Falls, ID 83301  Mailing address for future correspondence (annual report notices):  P.O. Box 1293, Twin Falls, Idaho 83303-1293  Future effective date of filing (optional):  ignature of organizer(s). (An organizer is a member, or is string in behalf of a member or members).	(Street Address)  ress of at least one member or manager of the Ilmited Ilability  me  Address  ristensen  401 Gooding Street No. Ste. #201, Twin Falls, ID 83301  future correspondence (annual report notices): P.O. Box 1293, Twin Falls, Idaho 83303-1293  te of filing (optional):  Secretary of State use only	A. A	. The State of the	
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Secretary of State use only	M Custom David M. Christensen	P.O. Box 12  3. Future effective date of filing (option	293, Twin Falls, Idaho 83303-1293  onal):	
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Signature David M. Christensen	Save W. Children .	6. Future effective date of filing (options) Signature of organizer(s). (An organizer is cting in behalf of a member or members).	onal):  s a member, or is  Secretary of State use only	