



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN -3 AM 8:58

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

THAT, LLC

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

3329 Oregon Trail Drive, Kimberly ID 83341

(Street Address)

PO Box 1293, Twin Falls ID 83303

(Mailing Address, if different than street address)

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

David C. Allen

(Name)

3329 Oregon Trail Drive, Kimberly, ID 83341

(Street Address)

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

Name

Address

David C. Allen

3329 Oregon Trail Drive, Kimberly, ID 83341

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

PO Box 1293, Twin Falls, ID 83303

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: John A. Coleman

Signature

Typed Name:

Secretary of State use only

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06/03/2013 05:00  
CK: 6494 CT: 72033 BH: 1376425  
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