



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 FEB 21 AM 9:01

1. The name of the limited liability company is:

Bret or Shauna L. Fuller, L.L.C.

SECRETARY OF STATE
STATE OF IDAHO

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

3106 N 3100 E Twin Falls ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Shauna Fuller

(Name)

3106 N 3100 E 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

Shauna Fuller

3106 N 3100 E, Twin Falls ID 83301

Bret Fuller

3106 N 3100 E, Twin Falls, ID 83301

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

3106 N 3100 E, Twin Falls ID 83301

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

Signature of a manager, member or authorized person.

Signature

Shauna L. Fuller

Typed Name: Shauna L. Fuller

Signature

Bret J. Fuller

Typed Name: Bret J. Fuller

Secretary of State use only

IDAHO SECRETARY OF STATE
02/21/2013 05:00
CK: 6675 CT: 279603 BH: 1361173
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