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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 MAR 14 PM 4: 28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Premium, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

250 Main Ave. North, Twin Falls, ID, 83301

(Street Address)

(Mailing Address, if different)

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

Gregory Edgar, CPA CGMA

1411 Falls Ave. E., Twin Falls, ID 83301

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Jonathan Lopez

392 Locust Street, Twin Falls, ID 83301

(Name)

(Address)

Nefi Lopez

1609 Poplar Ave., Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1411 Falls Ave. E., Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature:

Printed Name:

Jonathan Lopez

Signature:

Printed Name:

Nefi Lopez

Secretary of State use only

IDAHO SECRETARY OF STATE

03/14/2017 05:00

CK:13044358 CT:172099 BH:1573722

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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