



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 SEP -9 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Coonce LLC

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

2797 4th Ave 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:

Mike Coonce
(Name)

2797 4th Ave E, TF 83301
(Street Address)

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

Name	Address
<u>Mike Coonce</u>	<u>2797 4th Ave E Twin Falls, ID 83301</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

2797 4th Ave E, Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature Mike Coonce

Typed Name: Mike Coonce

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2011 05:00
CK: 372 CT: 262293 BH: 1289746
1 @ 100.00 = 100.00 ORGAN LLC # 2

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