

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(Instructions on back	of application)	07/7E		
1.	The name of the limited liability com	npany is:	SECTION OF STATE STATE OF IDAHO		
••	The name of the infiniou liability out	1880CR, LLC.	2 SIAIL OF ID		
2.	The complete street and mailing add	fresses of the initial des	signated office:		
	156 2nd Avenue West, Twin Falls, Idaho 83301 (Street Address) PO Box 525, Twin Falls, Idaho 83303-0525				
	(Malling Address, if different than street address)	i - , , , , , , , , , , , , , , , , , , 			
3.	. The name and complete street address of the registered agent:				
	David A. Coleman	156 2nd Avenue West, Tw	in Falls, Idaho 83301		
	(Name)	(Street Address)			
The name and address of at least one member or manager of the limited liability company:					
	Name	A	ddress		
	Meldco, Inc.	c/o David A. Coleman, Col	leman, Ritchie & Cluff		
	PO Box 525, Twin Falls, Idaho 83303-0525		daho 83303-0525		
			i		
					
5	5. Mailing address for future correspondence (annual report notices):				
PO Box 525, Twin Falls, Idaho 83303-0525					
					
6.	6. Future effective date of filing (optional):				
			i		
Sig	nature of a manager, member or	authorized			
•	nature Loviel A. Coleman		Secretary of State use only		
_	ed Name: David A. Coleman, Attorney				
Sigi	nature		IDAHO SECRETARY OF STATE 96/25/2012 95:99		
Typed Name: CK: 14159 CT: 21151 8H: 1					

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