



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 FEB 16 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Magic Valley Residential Remedies, LLC

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

2. The complete street and mailing addresses of the principal office is:
784 Filer Ave., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Katherine Leija **784 Filer Ave., Twin Falls, ID 83301**

(Name)

(Address)

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

Katherine Leija **784 Filer Ave., Twin Falls, ID 83301**

(Name)

(Address)

Thomas Leija **784 Filer Ave., Twin Falls, ID 83301**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

784 Filer Ave., Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Printed Name: **Katherine Leija**

Signature: *Katherine Leija*

Printed Name: **Thomas Leija**

Signature: *Thomas Leija*

Secretary of State use only

IDAHO SECRETARY OF STATE

02/16/2018 05:00

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