

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	mpany is: STATE (DE II
DAI	mpany is: STATE (- -
The complete street and mailing ac	ddresses of the initial designated/principal office:	-
	LOWER LN, TWIN FALLS ID 83301	_
(Street Address)		
(Mailing Address, if different than street address)		•
The name and complete street add	dress of the registered agent:	
DAVID L. THOMAS	1777 W WILDFLOWER LN, TWIN FALLS ID 83301	_
(Name)	(Street Address)	- -
The name and address of at least of	and manches or manages of the (imited liability)	. • •
company:	one member or manager of the limited liability	
Name	Address	
DAVID L. THOMAS	1777 W WILDFLOWER LN, TWIN FALLS ID 83301	-
SANDRA F. THOMAS	1777 W WILDFLOWER LN, TWIN FALLS ID 83301	_
	:	-
		-
•	•	
•	endence (annual report notices): LOWER LN, TWIN FALLS ID 83301	•
1777 W WILDFL	LOWER LN, TWIN FALLS ID 83301	•
1777 W WILDFL	LOWER LN, TWIN FALLS ID 83301	.
Future effective date of filing (option	nal):	-
Future effective date of filing (option nature of organizer(s). (An organizer is	nal):	
Future effective date of filing (option nature of organizer(s). (An organizer is ag in behalf of a member or members).	a member, or is Secretary of State use only	-
Future effective date of filing (option nature of organizer(s). (An organizer is no in behalf of a member or members).	a member, or is Secretary of State use only	-
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