

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 OCT 20 PM 3: 52

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bowen Arrow LLC

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

2410 E 25th Circle

(Street Address)

Idaho Falls, Idaho 83404

(Mailing Address, if different than street address)

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

Heath Bowen

(Name)

2410 E. 25th Circle, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Address

Heath Bowen

2410 E. 25th Circle, Idaho Falls, Idaho 83404

Shayne Bowen

2410 E. 25th Circle, Idaho Falls, Idaho 83404

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

2410 E. 25th Circle, Idaho Falls, Idaho 83404

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Heath Bowen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2014 05:00

CK:2304162 CT:172099 BH:1445924

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