



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 DEC -5 AM 8:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SOWARDS LIVING TRUST #3, LLC

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

3212 W. 3000 N., Moore, ID 83255

(Street Address)

(Mailing Address, if different than street address)

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

Norman K. Sowards

(Name)

3212 W. 3000 N., Moore, ID 83255

(Street Address)

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

Name

Address

Norman K. Sowards, Trustee

3212 W. 3000 N., Moore, ID 83255

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

3212 W. 3000 N., Moore, ID 83255

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: James M. English, Attorney

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/05/2014 05:00

CK:339 CT:303836 BH:1451866

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