

Printed Name:

Signature: Rev. 01/2018

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 AUG 23 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

The complete street and mailing a 831 BIGHORN DR TWIN FALL	ddresses of the principal o	ffice is:
(Street Address)		
(Mailing Address, if different)		
The name and complete street ad	dress of the registered age	ent:
CAMERON ANDREW	831 BIGHORN DR TWIN FALLS, ID 83301	
(Name)	(Address)	
The name and address of at least	one governor of the limited	f liability company
CAMERON ANDREW	831 BIGHORN DR TWIN FALLS, ID 83301	
(Name)	(Address)	
•		
(Name)	(Address)	
(Name)	(Address)	
	(Fullifotos)	
(Name)	(Address)	
BALIP III die		
Mailing address for future corresponders 831 BIGHORN DR TWIN FALL	-	ices):
(Address)	O, 1D 03001	
ture of organizer(s).	_	
d Name: CAMERON ANDREW	,	Secretary of State use only

CK: 2132 CT: 362370 BH: 1660431 1@ 100.00 = 100.00 ORGAN LLC #2

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