



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP -2 AM 10: 02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

2ND TIME AROUND, LLC

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

1525 East Lincoln Road, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Brayden S. Robison

(Name)

1525 East Lincoln Road, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Brayden S. Robison

1525 East Lincoln Road, Idaho Falls, ID 83401

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

1525 East Lincoln Road, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature Brayden S. Robison
Typed Name: Brayden S. Robison, Manager

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/02/2014 05:00

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