CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY (Instructions on back of application)

2012 AUG 15 AM 8: 19

SECRETARY OF STATE STATE OF IDAHO

The name of the limited lichilit	h company is:
. The name of the limited liabilit	
	KNM RENTALS, LLC
. The complete street and mailir	ng addresses of the initial designated office:
1907 SAGE HEN DR. AMMON, ID	83401
(Sireal Address)	
(Malling Address, if different than street add	dress)
The name and complete street	t address of the registered agent:
KEVIN HANKS	1907 SAGE HEN DR. AMMON, ID 83401
(Name)	(Street Address)
company:	east one member or manager of the limited liability Address
Name	1907 SAGE HEN DR. AMMON, ID 83401
TRACY HANKS	1907 SAGE HEN DR. AMMON, ID GOTO
Mailing address for future corr	respondence (annual report notices):
1907 SAGE HEN DR. AMMON, ID	
1907 GAGE TIEN DIV. FAILURE (1)	
Eutura offective data of filing ((optional):
. Future effective date or ming (Optionary.
	an authorized
gnature of a manager, memb	per or authorized
erson.	Secretary of State use only
ignature Ran Mahr	12
yped Name: PRACY HANKS	
ypwa i twiller	
ignature	
yped Name:	IDAHO SECRETARY OF STATE
	G8/15/2012 Ø5:00 CK: 1898759 CT: 172899 BH: 13359

CK: 1098759 CT: 172099 BH: 1335924 1 8 100.00 = 190.00 ORGAN LLC # 2