FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL 14 AM 8: 05

The name of the limited liability comp	oany is:	SECRETARY OF STATE OF ID	STATE
That	t One Place, L.L.C.	977 112 01 101	N IO
. The complete street and mailing address	resses of the initial d	•	office:
(Street Address)			
(Mailing Address, if different than street address)		 	
. The name and complete street address	ss of the registered	agent:	
Catherine A. Owen	1544 E. 390	0 N. Buhl, ID 83316	r e
(Name)	(Street Address)	e e e e e e e e e e e e e e e e e e e	· · ·
. The name and address of at least one company:	e member or manag	er of the limited lia	bility
Name.		Addmss	
Catherine A. Owen	1544 E. 390	00 N. BuN, ID 83316	
Gregg S. Owen	1544 E. 390	0 N. Buhl,ID 83316	·
	e e		
	• • • • • • • • • • • • • • • • • • • •		
			6
. Mailing address for future correspondents 1544 E. 31	ence (annual report 900 N. Buhl, ID 83316	notices):	
Future effective date of filing (optional	l):		
			0.00
gnature of organizer(s). (An organizer is a m ting in behalf of a member or members).	nember, or is		
gnature <u>Catherine</u> A. Own	C fermaloer1, org. It. PutD	Secretary of State use	only
/ped Name: Catherine A. Owen	\frac{1}{2}		
	C bemak 7/2008		

Gregg S. Owen

Typed Name:

IDANO SECRETARY OF STATE

07/14/2009 05:00

CK: 9430 CT: 236776 BH: 1178685

1 0 100.00 = 100.00 ORGAN LICE:

W85386