



(Street Address)

(Name)

company:

Signature

Typed Name

Signature

Typed Name: \_\_\_\_\_

**Chris Sanders** 

Name

**Chris Sanders** 

Chris Michael Salmonsen

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 OCT 16 AM 8: 23

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: Mattress Mart Direct, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 2316 Settlers Lane, Twin Falls, Idaho, 83301. (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 2316 Settlers Lane, Twin Falls, Idaho, 83301 (Street Address) 4. The name and address of at least one member or manager of the limited liability 2316 Settlers Lane, Twin Fails, Idaho, 83301 2200 Ottawa, butte, Montana, 59701 5. Mailing address for future correspondence (annual report notices): 2316 Settlers Lane, Twin Falls, Idaho, 83301. Future effective date of filing (optional):
\_\_\_\_\_\_\_ Signature of organizer(s). (An organizer is an inember, or is acting in behalf of a members) Secretary of State use only Chris Sanders

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