

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2010 MAR 24 PM 4: 28

	(Instructions on back of	application)	SECRETARY OF STATE	
1. The	name of the limited liability comp	any is:	STATE OF IDAHO	
	. Ki	wi Laco L.L.Ç.		
2. The	complete street and mailing addre	•	designated/principal office:	
		space #2 Twin Falls,		
(Stre	et Address)	process and the state of the st	15 00001	
(Mali	ing Address, if different than street address)			
3. The	The name and complete street address of the registered agent:			
	Douglas Burch	871 Grace D	rive W Twin Falls, ID 83301	
(Nan	(e)	Street Address)		
	name and address of at least one pany:	member or mana	ager of the limited liability	
	Name		Address	
	Douglas Burch	871 Grace I	Dr W Twin Falls, ID 83301	
	<del> </del>		-	
	· ·			
-				
	<u>.</u>			
5. Mailii	ng address for future corresponde	•	· · · · · · · · · · · · · · · · · · ·	
	1520 Fillimore St S	pace #2 Twin Falls,	ID 83301	
6. Futur	e effective date of filing (optional)		March 24, 2010	
	e of organizer(s). (An organizer is a me	mber, or is		
cting in be	ehalf of a member or members).	<u>,                                    </u>	Secretary of State use only	
ignature		C. PINO	•	
yped Name:Douglas Burch				
, pou 140		Peg-28	<b>7.</b> .	
ignature	·	Mornabilic bersions, and its PMD		
yped Na		Comesi	IDAHO SECRETARY OF STATE	

W91809