

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 OCT 31 PM 12:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SABRA MANAGEMENT, LLC

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

525 W POOLE AVENUE, POCATELLO, IDAHO 83201

(Street Address)

(Mailing Address, if different than street address)

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

ROBERT V DELOACH

(Name)

525 W POOLE AVENUE, POCATELLO, IDAHO 83201

(Street Address)

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

NameAddress

GEMINI FAMILY TRUST

525 W POOLE AVENUE, POCATELLO, IDAHO 83201

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

525 W POOLE AVENUE, POCATELLO, IDAHO 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: RICHARD E DURFEE JR ATTORNEY

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 10/31/2011 05:00  
 CK: 821322 CT: 172899 BH: 1296368  
 1 @ 100.00 = 100.00 ORGAN LLC # 3

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