



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUL 18 PM 2:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mendoza Promotions, LLC

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

1960 Kimberly Rd., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Sergio Mendoza

(Name)

1960 Kimberly Rd., Twin Falls, ID 83301

(Street Address)

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

Name	Address
Sergio Mendoza	1960 Kimberly Rd., Twin Falls, ID 83301

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

1960 Kimberly Rd., Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature:
Typed Name: Sergio Mendoza

Signature: _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2014 05:00
CK:2070230 CT:172099 BH:1433846
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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