



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2017 MAY 15 AM 10:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TAMARA L GOODING LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

225 LONG ISLAND AVENUE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different)

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

TAMARA L GOODING

225 LONG ISLAND AVENUE, TWIN FALLS, ID 83301

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

TAMARA L GOODING

225 LONG ISLAND AVENUE, TWIN FALLS, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

c/o DENNIS R BROWN CPA, PO BOX 2367, TWIN FALLS, ID 83303-2367

(Address)

Signature of organizer(s).

Signature: Tamara L Gooding

Printed Name: TAMARA L GOODING

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/15/2017 05:00

CR:3057 CT:267546 BH:1584021

1@ 100.00 = 100.00 ORGAN LLC #2

W183319