

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 19 AM 8: 28

OF STATE

1.	The name of the limited liability com	pany is:		SECR OF IDAHO	
	TWIN FALLS HIGH DESERT STORAGE, LLC				
2.	The complete street and mailing addresses of the initial designated/principal office: 3902 HIGH DESERT PARKWAY, FILER, IDAHO 83328				
	(Street Address) P.O. BOX 412, FILER, IDAHO 83328				
	(Mailing Address, if different than street address)				
3.	he name and complete street address of the registered agent:				
	RAYMOND COATS		ESERT PARKWAY, F	ILER, ID 83328	
	(Name)	(Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>	Address			
	RAYMOND COATS	3902 HIGH DESERT PARKWAY, FILER, ID 83328		ILER, ID 83328	
					
5.	Mailing address for future correspondence (annual report notices):				
	P.O. BOX 412, FILER, IDAHO 83328				
6.	Future effective date of filing (optional):				
C:-	meture of a manager member or	authorized			
_	nature of a manager, member or son.	authorized			
اب م			Secretary	of State use only	
Sig	nature <u> </u>				
Тур	ped Name: MAYMOND COATS				
Sig	nature			AHO SECRETARY OF STATE	
3			Ø1/	19/2011 05:00	

CK: 22013 CT: 19922 BH: 1255949 1 0 100.00 = 100.00 ORGAN LLC # 2

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