

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2016 AUG 22 AM 11: 26

| 1. | The name of the | e limited | liability | company | is: |
|----|-----------------|-----------|-----------|---------|-----|
|    | Paundlage Van   | fisco III | C         |         |     |

| (Remember to include the       | words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) |
|--------------------------------|--|
| The complete street and ma     | ailing addresses of the principal office is:   |
| 536 Sunflower Rd, Rexbur       | g, ID 83440  |
| Street Address)                |  |
| Mailing Address, if different) | •  |
| he name of the registered      | agent and the street address of the registered agent:  |
| Joseph Wilkins                 | 536 Sunflower Rd, Rexburg, ID 83440  |
| Name)                          | (Address cannot be a post office box or postal mail box.)                                      |
| The name and address of a      | at least one governor of the limited liability company:  |
| Joseph Wilkins                 | 536 Sunflower Rd, Rexburg, ID 83440  |
| Name)                          | (Address)  |
| Emily Wilkins                  | 536 Sunflower Rd, Rexburg, ID 83440  |
| Name)                          | (Address)  |
| Barbara Morgan                 | 502 S 1040 E Apt. D247, American Fork, UT 84003  |
| Name)                          | (Address)  |
| Name)                          | (Address)  |
|                                |  |
| <u>-</u>                       | orrespondence (annual report notices):   |
| 536 Sunflower Rd, Rexburg      | g, ID 83440  |

| Signature o | f organizer(s) |
|-------------|----------------|
|-------------|----------------|

Signature: Journ Willing

Printed Name: Joseph Wilkins

Signature:

Printed Name: -

Rev. 11/2015

Secretary of State use only

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CK: 4142736 CT: 172099 BH: 1542957 10 100.00 = 100.00 ORGAN LLC #2

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