



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 24 AM 8:09

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

ASLETT - DOHSE, L.L.C.

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

212 HIGHLAND AVE, TWIN FALLS ID 83301

(Street Address)

PO BOX B, TWIN FALLS ID 83303

(Mailing Address, if different than street address)

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

Marvin Aslett

(Name)

5606A HIGHWAY 93, JEROME ID 83338

(Street Address)

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

Name

Address

Marvin Aslett

5606A HIGHWAY 93, JEROME ID 83338

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

PO BOX B, TWIN FALLS ID 83303

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Marvin Aslett

Typed Name: _____

Marvin Aslett

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/24/2008 05:00
CK: 11266 CT: 163988 BH: 1141566
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