



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY -7 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALEJANDRAS 1, LLC

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

PO BOX 115, 308 A AVENUE

(Street Address)

WILDER, ID 83676

(Mailing Address, if different than street address)

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

MARIA R CORREA

(Name)

3664 S GREEN BASIN WAY, NAMPA, ID 83686

(Street Address)

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

Name

Address

MARIA R CORREA

3664 S GREEN BASIN WAY, NAMPA, ID 83686

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

PO BOX 115, WILDER, ID 83676

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

Signature of a manager, member or authorized person.

Signature

Maria R Correa

Typed Name: MARIA R CORREA

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/07/2015 05:00

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