

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2012 JUL -3 PM 2:07

1.	The name of the limited liability con	npany is:	ACAMERADIA AT ATITE	
	CE	BJ Enterprises LLC	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office:  5770 Custer Rd New Plymouth, ID 83655  (Street Address)			
	(Mailing Address, if different than street address)	Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:			
	Bruce Peterson	erson 2400 N Alder Dr Fruitland,		
	(Name)	(Street Address)		
4.	ne name and address of at least one member or manager of the limited liability mpany:			
	<u>Name</u>		Address	
	Cathy Eldred	5770 Custer Rd New Plymouth, ID 83655		
		·		
5. Mailing address for future correspondence (annual report notices): PO Box 701, Fruitland, ID 83619			notices):	
6.	S. Future effective date of filing (optional):			
_	nature of a manager, member or son.	authorized		
•	gnature Mum Tolduel		Secretary of State use only	
Tyl	ped Name: Cathy Figred			
•			IDAHO SECRETARY OF STATE 07/03/2012 05:00	
Sic	nature		CK: 3416 CT: 255326 BH: 1338798 1 8 188,88 = 188,88 ORGAN LLC # 2	
	ped Name:			
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