



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 SEP -6 AM 9:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PROPERTY PLUS MANAGEMENT LLC

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

910 FOREST BEND, HAILEY, ID 83333

(Street Address)

PO BOX 2035, HAILEY, ID 83333

(Mailing Address, if different than street address)

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

KAREN L. PROVINCE

(Name)

910 FOREST BEND, HAILEY, ID 83333

(Street Address)

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

Name

Address

KAREN L. PROVINCE

910 FOREST BEND, HAILEY, ID 83333

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

PO BOX 2035, HAILEY, ID 83333

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature   
Typed Name: KAREN L. PROVINCE

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/06/2011 05:00  
CK: 2326 CT: 262170 BN: 1209205  
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