

## CERTIFICATE OF ORGANIZATION

11 MAY -2 AM 8: 56

|              | EINITED LIABILITY COMPANY \\\"   |              |
|--------------|--|--------------|
|              | (Instructions on back of application)  SECTION OF STATE  SECTION OF IDAHO  The name of the limited liability company is: |              |
| 1.           | The name of the limited liability company is:  |              |
|              | Flowers AT THE FALLS LLC   |              |
| 2.           | The complete street and mailing addresses of the initial designated/principal office:                                    |              |
|              | (Street Address)  Tauhs Folls, TD 83767  (Mailing Address, if different than street address)                             |              |
| 3.           | The name and complete street address of the registered agent:  |              |
|              | Great Huff  498 E. 13 th St. Idahu Falls ID 83  (Street Address)   | Yo           |
| 4.           | The name and address of at least one member or manager of the limited liability company:                                 |              |
|              | Grea Huff 13576 N. 105E. Idehafells, IO 83401  |              |
|              |  |              |
|              | Front Admison 10455 N. 25 E Idonstells, ID &3401   |              |
|              | Front Adamson 10455 N. 25 E Idoho Folls, ED 83401  JUNN M. Tracy II 1280 Suzume Ave Idoho Folls, ID 8340                 | <i>پ</i> ر ه |
|              | *  |              |
| 5            | Mailing address for future correspondence (annual report notices):   |              |
| J.           | 13576 N. 105 E. I had Fills, IP 83401  |              |
| 6.           | uture effective date of filing (optional):   |              |
| Sign<br>pers | ·  |              |
| Sia          | Secretary of State use only  |              |
|              | d Name: Green M. HUFF  |              |
|              |  |              |
| _            | ature  |              |

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