FILED FEPECTIVE



Typed Name: __

CERTIFICATE OF ORGANIZATION

	LIMITED LIABIL	ITY COMPANY	09 JUL -8 AM 8:39	
	(Instructions on bac	k of application)	SECRETARY OF STATE	
1. The na	ame of the limited liability co	ompany is:	STATE OF IDAHO	
G+J SHoder ESTATE LLC				
2. The complete street and mailing addresses of the initial designated/principal office:				
4580 CCcan Lable RD (Street Address)				
(Mailing	Address, if different than street address)	316		
The name and complete street address of the registered agent:				
<u>Sc</u> (Name)	OTT Kaster	(Street Address)	- Cake RD Buhl ID 83316	
The name and address of at least one member or manager of the limited liability company:				
Lin	Name da Fleischman	-	ilver Boise 1083705	
LesL	ie Leekendy	4695 River Roal	But LO 83316	
Ric	K Kaster	-ZDB sunny hil	L Circle TF. TO 83	
Sco	TKaster	4580clear Lake	RO Bull ED 83316	
	ISTAL KasTer	4860N 1115E	Buhl JD 83316	
	erri Allen	121 12 TH STree	T Buh L \$0 83316	
5. Mailing address for future correspondence (annual report notices):				
4580 Clear Lakes Rd Bruhl 20 83316				
6. Future	e effective date of filing (optio	nal):		
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).				
-	I will at	- GWE	Secretary of State use only	
Signature	Signature Scott Kaster 5			
rypeu mar	. <u> </u>	C formstear, org. iic. PMD		
Signature		LC 69	IDAHO SECRETARY OF STATE 07/08/2009 05:00	

CK: 7888 CT: 232262 BH: 1177988 1 8 188.98 = 188.98 ORGAN LLC # 2

W85253