

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 OCT 25 AM 9:21

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Paxton Development Company, LLC

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

960 Blue Lakes Blvd. N., Twin Falls, ID 83301

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

James M. Paxton

(Name)

960 Blue Lakes Blvd. N., Twin Falls, ID 83301

(Street Address)

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

Name

Address

James M. Paxton

960 Blue Lakes Blvd. N., Twin Falls, ID 83301

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

960 Blue Lakes Blvd. N., Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: James M. Paxton

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/25/2012 05:00
CK: 41852 CT: 174943 BH: 1345113
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