

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 22 PM 1:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

1119 Fern / 824 E Florida, Nampa, ID 83686 LLC

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

4296 N Longabaugh Way, Meridian, ID 83646

(Street Address)

PO Box 3184, Nampa, ID 83653

(Mailing Address, if different than street address)

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

Mason Sessions

(Name)

4296 N Longabaugh Way, Meridian, ID 83646

(Street Address)

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

Name

Address

Caleb N Case

PO Box 3184, Nampa, ID 83653

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

PO Box 3184, Nampa, ID 83653

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

Signature of a manager, member or authorized person.

Signature *Mason Sessions*
Typed Name: Mason Sessions

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/22/2010 05:00
CK: 1000 CT: 253729 BH: 1252120
1 @ 100.00 = 100.00 ORGAN LLC # 2

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