



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 18 PM 3:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

THREEHOUSEASHPONDNORTHVIEWGALLAHADGRANGERLLC

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

2999 LAKEHARBOR LANE, BOISE, IDAHO, 83703

(Street Address)

P.O. BOX 140838, BOISE, IDAHO, 83714

(Mailing Address, if different than street address)

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

D. (N.) HANSEN

(Name)

2999 LAKEHARBOR LANE, #202, BOISE, ID, 83703

(Street Address)

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

Name

Address

D. (N.) HANSEN

2999 LAKEHARBOR LANE, BOISE, ID, 83703

V. (Z.) HANSEN

2999 LAKEHARBOR LANE, BOISE, ID, 83703

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

P.O. BOX 140838, BOISE, IDAHO, 83714

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

Signature of a manager, member or authorized person.

Signature *D. N. Hansen*

Typed Name: D. (N.) Hansen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/18/2013 05:00
CK: 1259380 CT: 172899 BH: 1356445
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