

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 24 AM 8= 29

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| The name of the limited liabil                | ity company is:       | SIAIE  | JF IUAHO              |
|---|-----------------------|--|-----------------------|
|   | Taylor Family Pro     | perties LLC                                  |                       |
| . The complete street and mail                | ing addresses of      | the initial designated/pri                   | ncipal office:        |
| 515 No  | orth Main Street, Blo | omington, ID 83223                           |                       |
| (Street Address)                              |                       |  |                       |
| (Mailing Address, if different than street ad | ddress)               |  |                       |
| 3. The name and complete stree                | et address of the     | registered agent:                            |                       |
| Douglas G. Taylor                             |                       | North Main Street, Bloomingto                | on, ID 83223          |
| (Name)  | (Street Add           | ress)  | •                     |
| I. The name and address of at I company:      | east one membe        | r or manager of the limit                    | ed liability          |
| <u>Name</u>                                   |                       | Address                                      |                       |
| Douglas G. Taylor                             | 515                   | 515 North Main Street, Bloomington, ID 83223 |                       |
| Brenda R. Taylor                              | . 515                 | 515 North Main Street, Bloomington, ID 83223 |                       |
|   |                       |  | · .                   |
|   |                       |  | ·                     |
|   |                       |  |                       |
| 5. Mailing address for future con             | respondence (ar       | nual report notices):                        |                       |
| Р.  | O. Box 234, Bloomii   | ngton, ID 83223                              |                       |
| 6. Future effective date of filing            | (optional):           | May 1, 2009                                  |                       |
| •   | •                     |  |                       |
| ignature of organizer(s). (An organ           | nizer is a member, or | is   |                       |
| cting in behalf of a member or member         |                       | Secretary of S                               | tata usa oniv         |
| innature Care                                 |                       | Secretary of o                               |                       |
| ignature Douglas 6                            | Taylor                | , or o                                       |                       |
| yped Name: Douglas S.                         | (4)101                | troop &                                      |                       |
| ionatora ( )                                  | 1/10/                 | Revised 0772008 Revised 0772008 T # 469      | HO SECRETARY OF STATE |
| ignature / ////////////////////////////////// | Taylor                | D D D D D D D D D D D D D D D D D D D        | 4/2009 05:            |
| yped Name: Brenda R.                          | <u>''''</u>           | i i € 100.                                   | 00 = 190 mg 000       |

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