

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 SEP 17 PM 3: 09

(Instructions on back of application)

SECRETARY OF STATE

		STATE OF IDAHO	
<ol> <li>The name of the lim</li> </ol>	nited liability company is:	15/110	
Shadow Canyon LLC	,,,,,,,,		
Chadow Carryon ELC			
<ol><li>The complete street</li></ol>	and mailing addresses of	the initial designated office:	
689 Cowman Ct Eagle	e. ld 83616	and a congression of the constant of the const	
(Street Address)			
No.			
(Mailing Address, if different	than street address)		
3. The name and comp	lete street address of the	registered agent:	
Myron L Kauffman	689 Cowm	689 Cowman Ct. Eagle, ld 83616	
(Name)		(Street Address)	
The name and addre company:	ss of at least one member	or manager of the limited liability	
Name Name	<u> </u>	Address	
Myron L Kauffman	689 Cowm	an Ct. Eagle, Id 83616	
<del></del>			
5. Mailing address for fu	ture correspondence (ann	uplyment mating a	
689 Cowman Ct. Eagle,	rare correspondence (ann	ual report notices):	
	Id 83575		
6. Future effective date	of filing (optional):		
Signature of a manage			
person.	, member or authorized		
	<i>,</i>	South of Out	
Signature Mynn Th	V 11	Secretary of State use only	
. /,	angen		
Typed Name: Myron L Kau	ffmañ -		
Signature		_ IDAHO SECRETARY OF STATE	
Signature		09/17/2013 05:00	
Typed Name:		CK: 2201 CT: 287642 BH: 1390432 1 P 180.08 = 180.00 ORGAN LLC # 2	
		TOO - OO UNUAN ELL # C	

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