

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

Signature_____

Typed Name:

| SECRI | OCT 14 | AM 9:23 |
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|---------------|---|--|----------|
| 1. | The name of the limited liability company is: | TY MANAGEMENT II C | TE |
| | IDAHO COUNTRY PROPERT | TY MANAGEMENT, LLC. | _ |
| 2. | The complete street and mailing addresses of | f the initial designated/principal office: | |
| | 114 North Main Street, K | Kooskia, ID 83539 | |
| | (Street Address) P. O. Box 442, Koos | skia. ID 83539 | |
| | (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the | registered agent: | |
| | 5.4.5.4.4 | | |
| | | 14 North Main Street, Kooskia, ID 83539 | |
| | (Name) (Street Addr | dress) | |
| 4. | The name and address of at least one membe company: | er or manager of the limited liability | |
| | Name | Address | |
| | Robin R. McHone | P. O. Box 442, Kooskia, ID 83539 | |
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| 5. | Mailing address for future correspondence (an | nnual report notices): | |
| · | P.O. Box 442, Koosl | , | S- 1- 2- |
| | | | |
| 6. | Future effective date of filing (optional): | | |
| | | | |
| Sia | nature of organizer(s). (An organizer is a member, or | ris | |
| _ | ng in behalf of a member or members). | | |
| _ | D. a. M. 11 | Secretary of State use only | |
| Sig | nature Yoli K. My Hore | ONG PIC.PMD | |
| Тур | ed Name: Robin R. McHone | <u>ଞ</u> | |

IDAHO SECRETARY OF STATE
10/14/2008 05:00
CX: 2900 CT: 76789 BH: 1139948
1 0 100.00 = 100.00 ORGAN LLC # 2

