



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG -7 AM 8:24

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

POTTER FAMILY PROPERTIES, LLC

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

527 N. RIDGE AVENUE, IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

TRUDY H. POTTER

527 N. RIDGE AVENUE, IDAHO FALLS, ID 83402

(Name)

(Street Address)

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

Name

Address

TRUDY H. POTTER

527 N. RIDGE AVENUE, IDAHO FALLS, ID 83402

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

527 N. RIDGE AVENUE, IDAHO FALLS, ID 83402

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: TRUDY H. POTTER

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/07/2009 05:00
CK: 58692 CT: 2034 BH: 1182014
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FILED EFFECTIVE