



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL -1 AM 8:36

1. The name of the limited liability company is:

BEST HABITAT, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

336 5th Ave. North Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

James H. Moore

336 5th Ave. North Twin Falls, Idaho 83301

(Name)

(Street Address)

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

Name

Address

James H. Moore

336 5th Ave. North Twin Falls, Idaho 83301

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

336 5th Ave. North Twin Falls, Idaho 83301

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: James H. Moore

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/01/2010 05:00
CK: 9565 CT: 249310 BH: 1228949
1 @ 100.00 = 100.00 ORGAN LLC #
1 @ 20.00 = 20.00 EXPEDITE C #

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