

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 NOV -3 PH 2: 11

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Wit:	(Instructions on	back of application)  SEURETARY ULS
1.	The name of the limited liability	STATE OF NOA
	_	Mand R# Funding L/C
2.		
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Ryan Reilly	1759 N. E. Summerwind Drive, Mt. Home, Id 83647
	(Name)	(Street Address)
	company:	Address  2075 S. W. Selleier Oriv. 446 Mars. 44, 20045
	Matthew Buckley	2975 S. W. Fallaine Drive, Mt. Home, Id 83647
	Ryan Reilly	1759 N. E. Summerwind Drive, Mt. Home, Id 83647
5.	Mailing address for future correct 1759 N. E. Summerwind Drive, Mt. F.	spondence (annual report notices):
	17-50 M. E. Guning Wild Dilve, Wr. 1	(dile, (d. 63647
6.	Future effective date of filing (or	otional): November \$ 2011
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pers	nature of a manager, member	r or authorized
· O:	11 lotter of	Secretary of State use only
_	ed Name: MAITHAS BU	eu z
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	nature Cyan Kulley	
тур	ed Name! <u>Kyon. Resilled</u>	THAT OPPOPTABLE OF STATE
	<u> </u>	Thaun Secretary of State

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11/03/2011 05:00 CK: 824417 CT: 172899 8H: 1296849 1 @ 100.00 = 100.00 ORGAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 3