

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 19 AM 8: 44

1.	The name of the limited liability com	pany is: perty Manager	ment, LLC	SECTLUARY STATE OF	OF STA TE IDAHO	
2.	The complete street and mailing add		_	- ·	al office:	
	(Street Address)				-	
	(Mailing Address, if different than street address)					
3.	The name and complete street addre	ess of the re	gistered age	nt:		
	Timothy P. Reid	101 S. Ca _l	pitol Blvd., Ste.	1601, Boise, Id	aho 83702	
	(Name)	(Street Address)		# 21 TO 15 T	
4.	The name and address of at least or company:	ne member o	or manager o	f the limited I	iability	
	Name	101 0 0		iresa 4004 Delevida	-1-00=00	
	Idaho Commercial Brokers, Inc.	101 S. Ca	oitoi Biva., Ste.	1601, Boise, Id	ano 83/02	
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5.	Mailing address for future correspond	dence (annu	al report not	ices):	WIL.	g P
	101 S. Capitol Blv	d., Ste. 1601,	Boise, Idaho 83	3702		• •
6.	Future effective date of filing (options	al):	.,		,	-
_	nature of organizer(s). (An organizer is a	member, or is	·			
acti	ng in behalf of a member or members).			Secretary of State u	se only	~
Sig	nature <u>Timothy P. Rud</u>	/	inc.Plan			
	ped Name:fimothy P. Reid		omekLC formeloer_org_lc.PMD wieed 07/2006	_01/19/2	ETARY OF STATE	8 0
Sig	nature		NTC PO	CK: 3569 CT: 8 1 0 188.00 = 1	243940 BH: 1283 80.86 DRGAN LL	834 C # 2
Tvr	ned Name:		S CONTRACTOR OF THE CONTRACTOR		e Saff	