



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 APR 25 PM 12:30

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Elkridge Estates, LLC.

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

132 s 300 w Jerome Id. 83338

(Street Address)

(Mailing Address, if different than street address)

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

Jami Gaver

(Name)

132 S 300 W Jerome, ID. 83338

(Street Address)

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

Name

Address

Matthew Gaver

13301 Cedar Park Dr. Herriman, Ut. 84096

Jami Gaver

132 S 300 W Jerome, ID. 83338

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

13301 Cedar Park Dr. Herriman, Ut. 84096

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *Matthew Gaver*

Typed Name: Matthew Gaver

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2011 05:00
CK: 1002 CT: 250116 DN: 1270742
1 @ 100.00 = 100.00 ORGAN LLC # 2

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