

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2008 DEC -4 PM 4: 00

(Instructions on back of application)

STATE OF IDAHO

The name of the limited liability company	į is:
	estments, LLC
The complete street and mailing address	es of the initial designated/principal office:
	n Lane, Eagle, ID 83616
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address of	of the registered agent:
Kimbell D. Gourley	225 N. 9th St., Suite 820, Boise, ID 83702
(Name) (Str	eet Address)
The name and address of at least one m company:  Name	Address
Tim Eck	6152 W. Half Moon Lane, Eagle, ID 83616
. Mailing address for future corresponden	ce (annual report notices):
	on Lane, Eagle, ID 83616
ignature of organizer(s). (An organizer is a men	
cting in behalf of a member or members).	Secretary of State use only
ignature 300	R. PWK
yped Name: Kimbell D. Gouriey, incorporate	or g
$\cup$	908 PD 908
ignature	IDAHO SECRETARY OF STATE  12/04/2008 65 at 12/04/2008 65 at 12/04/2008 65 at 14/04/2008 65

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