

CERTIFICATE OF ORGANIZATION PH 1: 88

| | (Instructions on back | of application) | SECRETARY OF STATE STATE OF IDAHO |
|------|---|---|---|
| 1. | The name of the limited liability company is: | | |
| | MOUNTAIN CREEK RANCH LLC | | |
| 2. | The complete street and mailing addresses of the initial designated office: 19509 JACKNIFE LANE | | |
| | (Street Address) | | |
| | OLA, ID 83657 (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | JASON POOLE | 19557 BULTER L | ANE, OLA, ID 83657 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name KATIE POOLE | Address 19509 JACKNIFE LANE, OLA, ID 83657 | |
| | JASON POOLE | 19557 BUTLER LANE, OLA, ID 83657 | |
| | AMANDA POOLE | 19557 BUTLER LANE, OLA, ID 83657 | |
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| | | | |
| E | Mailing address for future sorresses | donoo /annuel | opert nations): |
| 5. | Mailing address for future correspon 19557 BUTLER LANE, OLA, ID 83657 | uence (annual fe | eport notices): |
| 6. | Future effective date of filing (options | al): | |
| | | | |
| | nature of a manager, member or son. | authorized | · |
| • | Ha — | | Secretary of State use only |
| _ | nature // JASON POOLE | | IDAHO SECRETARY OF STATE 01/07/2015 05:00 |
| ТУÞ | ped Name: JASON POOLE | | CK:950 CT:304887 BH:14559 |
| Sia | nature + A Tool | ≱ _ | 16 100.00 = 100.00 ORGAN LL |
| | ed Name: KATIE POOLE | | |
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