



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAY 14 PM 3:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fagle Crossroads, LLC

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

839 S. Bridgeway Pl
(Street Address)

Fagle ID 83616
(Mailing Address, if different than street address)

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

Mark K. Bottles
(Name)

839 S. Bridgeway Place, Fagle, ID 83616
(Street Address)

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

Mark K. Bottles
Name

839 S. Bridgeway Place, Fagle, ID 83616
Address

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

Same as above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Mark K. Bottles
Typed Name: Mark K. Bottles

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2014 05:00

CK:4178 CT:106243 BH:1424801
1@ 100.00 = 100.00 ORGAN LLC #2

W137907