FILED EFFECTIVE

251

09 JUL 31 PM 4:12

SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

   Timberline Place, LLC

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

   223 N. 6th Street, Suite 425, Boise, ID 83702
   (Street Address)

   (Mailing Address, if different than street address)

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

   Michael J. Swope (Name) — 223 N. 6th Street, Suite 425, Boise, ID 83702 (Street Address)

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

Name	Address
Michael J. Swope	223 N. 6th Street, Suite 425, Boise, ID 83702

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

   225 N. 6th Street, Suite 425, Boise, ID 83702

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Michael J. Swope

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/31/2009 05:00
CK: 68247 CT: 67242 BH: 1181161
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