FILED EFFECTIVE

## CERTIFICATE OF ORGANIZATION

LIMITED LIAE	BILITY COMPAI	MA SOLASEN-A BE 1:31	
(Instructions or	(Instructions on back of application)		
<ol> <li>The name of the limited liability</li> </ol>	ty company is:	SECRETARY OF STATE STATE OF IDAHO	
PICKET FENCE PROPERTIES, L			
2. The complete street and mailing 2704 N. SIESTA LN., BOISE, ID 8 (Street Address)	ng addresses of the init 9704-5382	ial designated office:	
(Mailing Address, if different than street add	Yess)		
3. The name and complete street	t address of the register	red agent:	
ZACHARY D. MATSON	2704 N. SIESTA LI	V., BOISE, ID 83704-5382	
(Name)	(Street Address)		
The name and address of at le company:	ast one member or ma	nager of the limited liability	
Name		<u>Address</u>	
ZACHARY D. MATSON	2704 N. SIESTA LN	I., BOISE, ID 83704-5382	
	<del></del>		
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Adaile			
Mailing address for future corre	spondence (annual rep	ort notices);	
2704 N. SIESTA LN., BOISE, ID 83	704-5382		
Future effective date of filing (or	otional):		
nature of a manager, member	r or authorized		
rson.	01 404/01/200		
a am		Secretary of State use only	
nature bankary & Mat	men.		
ped Name: ZACHARY D. MATSON			
		IDAMO SECRETARY OF STA	
nature		09/09/2014 05:0	
nature		CK:2205190 CT:172099 BH:	
ped Name:		16 100.00 = 100.00 ORGAN	
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8/21/2012