

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN 29 PM 1: 38

30	(Instructions on b	eack of application)	STATE OF ID
1. The name	of the limited liability	company is:	STATE UF ID
	M	ountain Home Mortgage LLC	
2. The compl	ete street and mailing	addresses of the initial designated/pri	incipal office:
		2nd North, Mountain Home, ID 83647	
(Street Addre	1 a)		
(Mailing Addr	ess, if different than street addres	E5)	
3. The name	and complete street s	address of the registered agent:	
: <u> </u>	Barbara Hansen	320 East 2nd North, Mountain Hor	ne, ID 83647
(Name)		(Street Address)	
l. The name company:	and address of at leas	st one member or manager of the limit	ed liability
	Barbara Hansen	320 East 2nd North, Mountain Hor	no ID 83647

5. Mailing add		pondence (annual report notices): Ind North, Mountain Home, ID 83647	
6. Future effe	ctive date of filing (op	tional):	
	ganizer(s). (An organizer 'a member or members).	•	
	Deart	Secretary of S	tate use only
Signature	Parkers Users		
yped Name:	Barbara Hans	Till State of the	
			•
yped Name:		1	DAHO SECRETARY OF

IDAHO SECRETARY OF STATE 01/29/2009 05:00 CK: 195289 CT: 172899 BH: 1154641 1 8 188.88 = 188.80 ORGAN LLC # 2

