

FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application) The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
			ınch Los Lunas Property, L
merican Way, Idaho Falls,		designated office:	
ox 50620, Idaho Falls, Idah			
me and complete stree	et address of the registered	d agent:	
D. Boyle	3875 American Way, I	Idaho Falls, Idaho 83402	
(Name) (Street Address)			
Half		3875 American Way, Idaho Falls, Idaho 83402	
Hall			
	3875 American Way, Idaho Falls, Idaho 83402		
r Thompson	3875 American Way, Idaho Falls, Idaho 83402		
Harker	3875 American Way,	daho Falls, idaho 83402	
		rt notices):	
effective date of filing ((optional):		
of a manager, memb	er or authorized		
_ \ ~		Secretary of State use only	
	me of the limited liabilanch Los Lunas Property, Longlete street and mail merican Way, Idaho Falls, Idaho Soboto, Idaho Falls, Idaho Soboto, Idaho Falls, Idaho Soboto, Idaho Falls, Idaho Soboto, Idaho Soboto, Idaho Falls, Idaho Soboto, Idaho	me of the limited liability company is: Inch Los Lunas Property, LLC Implete street and mailing addresses of the initial Imerican Way, Idaho Falls, Idaho 83402 Iddress) IOX 50620, Idaho Falls, Idaho 83405 Indexess, if different than street address) Ime and complete street address of the registered ID. Boyle ID. Boy	

IDAHO SECRETARY OF STATE 05/22/2015 05:00

CK: 2865424 CT: 172099 BH: 1476728 1@ 100.00 = 100.00 ORGAN LLC #2

W152052

Signature____

Signature ____

Typed Name: Shawn D, Boyle

Typed Name: _____

9/21/2012

cert_org_lic Rev. 07/2010