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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -7 PM 1:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Amy Lyn GP, LLC

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

5215 Gleneagles Drive, Idaho Falls, Idaho 83401

(Street Address)

223 West 700 South, Suite D, Salt Lake City, Utah 84101

(Mailing Address, if different than street address)

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

Syringa Property Management Inc.

(Name)

1277 Shoreline Lane, Boise, Idaho 83702

(Street Address)

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

<u>Name</u>	<u>Address</u>
Western Region Idaho, Inc.	5215 Gleneagles Drive, Idaho Falls, Idaho 83401

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

223 West 700 South, Suite D, Salt Lake City, Utah 84101

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Marion A. Willey

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/07/2012 05:00
CK: 1217905 CT: 172099 BH: 1350495
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