



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV -2 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SIGNAL POINT PROPERTIES, LLC

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

1072 S. SIGNAL POINT RD. POST FALLS, ID. 83854

(Street Address)

P. O. BOX 2380 POST FALLS, ID. 83877

(Mailing Address, if different than street address)

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

ADAM METZGER

(Name)

1280 S. SIGNAL POINT RD. POST FALLS, ID. 83854

(Street Address)

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

Name

Address

ADAM METZGER

1280 S. SIGNAL POINT RD. POST FALLS, ID. 83854

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

P. O. BOX 2380 POST FALLS, ID. 83877

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

Signature of a manager, member or authorized person.

Signature

Typed Name: ADAM METZGER

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2011 05:00
CK: 3329 CT: 233191 BH: 1296561
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