



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 DEC 17 AM 8:13

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

\_\_\_\_\_  
PHELPS HOMES LLC

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

\_\_\_\_\_  
329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

\_\_\_\_\_  
329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Mailing Address, if different than street address)

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

\_\_\_\_\_  
ROBERT PHELPS

(Name)

\_\_\_\_\_  
329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

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

Name

Address

\_\_\_\_\_  
ROBERT PHELPS

\_\_\_\_\_  
329 S WOODRUFF AVE IDAHO FALLS ID 83401

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

\_\_\_\_\_  
329 S WOODRUFF AVE IDAHO FALLS ID 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

Typed Name: ROBERT PHELPS PRES. RKP INC

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

W 89103

IDAHO SECRETARY OF STATE  
12/17/2009 05:00  
CK: 1624 CT: 243000 DN: 1193683  
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