

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 0CT -8 AM 8: 24

| 1.  | The name of the limited liability company  | is:                               | SECRETARY OF STATE  |  |
|---|--|-----------------------------------|---------------------|--|
|   | CMO Properties, LLC STATE OF IDAHO   |                                   |                     |  |
| 2.  | The complete street and mailing addresses of the initial designated/principal office:                      |                                   |                     |  |
|   | 485 Sunup Dr. Pocatello, ID 83204 (Street Address)   |                                   |                     |  |
|   | PO Box 1421 Pocatello. ID 83204- 1421  |                                   |                     |  |
|   | (Mailing Address, if different than street address)  |                                   |                     |  |
| 3.  | The name and complete street address of the registered agent:  |                                   |                     |  |
|   | Colby T. Inzer   | 485 Sunup Dr. Pocatelio           | o. ID 83204         |  |
|   | (Name) (Street Address)  |                                   |                     |  |
| 4.  | The name and address of at least one member or manager of the limited liability company:  Name Address     |                                   |                     |  |
|   | Corrine M. Inzer   | 485 Sunup Dr., Pocatello ID 83204 |                     |  |
|   |  |                                   |                     |  |
|   |  |                                   |                     |  |
|   |  |                                   |                     |  |
|   |  | •                                 |                     |  |
|   |  |                                   |                     |  |
|   |  |                                   | <del></del>         |  |
|   |  |                                   |                     |  |
| 5.  | 5. Mailing address for future correspondence (annual report notices): PO Box 1421, Pocatello ID 83204-1421 |                                   |                     |  |
|   |  |                                   |                     |  |
|   | FO DOX 1421, FOODlesso ID GOZO4-1421   |                                   |                     |  |
| 6.  | 6. Future effective date of filing (optional):   |                                   |                     |  |
|   |  |                                   |                     |  |
|   | nature of organizer(s). (An organizer is a membing in behalf of a member or members).                      | er, or is                         |                     |  |
| acu   |  | Secretar                          | y of State use only |  |
| Signature g   |  |                                   |                     |  |
| Typed Name: Colby T. Inzer  |  |                                   |                     |  |
|   | 4  |                                   | M 82478             |  |
| Signature Colby T. Inzer  Signature Olive Manage Corring Winner  Corring Winner  Corring Winner  Corring Winner  Corring Winner |  |                                   |                     |  |
| _   | ed Name: Corrine is inver  | <b>38</b>                         | / 40/5003 DC.GO     |  |