

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP -5 AM 8:38

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

EAGLE SKY HOME, LLC

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

1885 North Estancia Place, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

DAVID CLEMONS

(Name)

1885 North Estancia Place, Eagle, ID 83616

(Street Address)

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

NameAddress

DAVID CLEMONS

1885 North Estancia Place, Eagle, ID 83616

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

1885 North Estancia Place, Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

David Clemons

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/05/2014 05:00

CK:10728 CT:82664 BH:1440153

10 100.00 = 100.00 ORGAN LLC #2

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