

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 29 AT 9: 14

| The name of the limited liability company is:  Big Door Property Management L.L.C. |                                |   |                            |
|--|--------------------------------|---|----------------------------|
| The complete street and mailing  |                                | nitial designated office:                         |                            |
|  |                                |   |                            |
| (Mailing Address, if different than street addre                                   |                                |   |                            |
| The name and complete street a   | address of the regis           | stered agent:                                     |                            |
| Adam David Wright 440 Bracken St N   |                                | N Twin Falls, ID 83301                            |                            |
| (Name)   | (Street Address)               |   |                            |
| The name and address of at leacompany:   | st one member or               | -   | lity                       |
| Name Adam David Wright   | 440 Bracken St                 | Address  N Twin Falls, ID \$320                   |                            |
| Adam David Wright  |                                | <u> </u>  |                            |
| Kevin Gomes Costa  | 440 Bracken St                 | N Twin Falls, ID 83301                            |                            |
|  |                                |   |                            |
|  |                                |   |                            |
| . Mailing address for future correct 440 Bracken St N Twin Falls, ID               | spondence (annual<br>83301     | report notices):                                  |                            |
| Future effective date of filing (o   | otional):                      |   |                            |
| gnature of a manager, membe  | r or authorized                |   |                            |
| erson.   |                                | Secretary of State use or                         | ,<br>N                     |
| anatura HM   | <del>,</del><br><del>_</del> - | Secretary or State use or                         | '' <b>y</b> '              |
| gnature Adam David Weight  |                                |   |                            |
| med Name: Additi David Wildin  |                                |   |                            |
| /ped Name: Adam David Wright   |                                | IDAHO SECRETARY OF                                | STATE                      |
| gnature Kur (extraction)   |                                | IDAHO SECRETARY OF 01/29/2014 CX: 1894 CT: 292341 | STATE<br>05:0<br>BH: 14881 |

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