

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 MAY 10 AM 8: 57

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability company	y is: STATE OF IDAHO"
Lakeviev	w Property LLC
The complete street and mailing address	ses of the initial designated/principal office:
	te 200 Sandpoint, ID 83864
(Street Address) P.O. Box 905	Sandpoint, ID 83864
(Mailing Address, if different than street address)	
The name and complete street address	of the registered agent:
Const. Kriver	506 W. Alder St, Suite 200, SAndpoint, ID 83864
	reet Address)
The name and address of at least one m company:  Name	nember or manager of the limited liability
<u>Name</u> Casey Krivor	P.O. Box 905, Sandpoint, ID 83864
Casey Kilvoi	
Mailing address for future corresponden	ce (annual report notices): Sandpoint, ID 83864
P.O. BOX 903,	Ganapoint, 10 Goods
Future effective date of filing (optional):	
ignature of organizer(s). (An organizer is a men	mber, or is
cting in behalf of a member or members).	Secretary of State use only
ignature / 1005	OW-
yped Name: ASEY KOLUDE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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Signature	IDAHO SECRETARY OF STATE 05/10/2010 05:0  CK: 14396 CT: 69881 BH: 122:0  1 9 188.88 = 189.88 GR9AN LI
yped Name:	CK: 14396 CT: 69881 BH: 1221
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