



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 21 AM 8:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Transient Homes, L.L.C.

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

2390 Rostron Cr, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Pam Nelson

(Name)

2390 Rostron Cr, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Pam Nelson

2390 Rostron Cr, Twin Falls, ID 83301

Jim Bartholome

2390 Rostron Cr, Twin Falls, ID 83301

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

2390 Rostron Cr, Twin Falls, ID 83301

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 Pam Nelson

Typed Name: Pam Nelson

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE
05/21/2009 05:00
CK: 1050 CT: 237294 BN: 1171387
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