



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -9 PM 2:05

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

MI PUEBLO II, LLC

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

5436 HIGHWAY 2 PRIEST RIVER, ID 83856

(Street Address)

(Mailing Address, if different than street address)

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

DWAIN VALEZ

(Name)

5436 HIGHWAY 2 PRIEST RIVER, ID 83856

(Street Address)

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

Name

Address

YONI SOLIS

PO BOX 1488 NEWPORT, WA 99156

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

5436 HIGHWAY 2 PRIEST RIVER, ID 83856

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature X

Typed Name: YONI SOLIS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/09/2015 05:00

CK:3927 CT:307406 BH:1465273

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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