



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 27 PM 2:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Warner 956 East Maple LLC

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

12546 Laramie Ln. Pocatello, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Betty Warner

12546 Laramie Ln. Pocatello, ID 83202

(Name)

(Street Address)

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

Name

Address

Betty Warner

12546 Laramie Ln. Pocatello, ID 83202

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

12546 Laramie Ln. Pocatello, ID 83202

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 Betty Warner
Typed Name: Betty Warner

Signature _____
Typed Name: _____

Secretary of State use only

e:\corpforms\LLC form\cert_000_10c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
02/27/2009 05:00
CK: 2000 CT: 234581 BH: 1159841
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