

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2012 NOV 15 AM 9: 44

E W U	(instructions on ba	ick of application)	STATE OF IDAHO
	ame of the limited liability of BL Development		
988	omplete street and mailing a  B Longmon+ Ave, S  Address)	addresses of the initial Stude 200, Borse,	l designated office: いり 85706
(Mailing	Address, if different than street address	5)	
3. The name and complete street address of the registered agent:			
Raci (Name)	no Biller	(Street Address)	ut Ave Ste 200 BoiseIn 83706
<ol> <li>The name and address of at least one member or manager of the limited liability company:</li> </ol>			
Rai	no Poller	988 Lengment	Address Aux, Sink 200 Boise, 10 83706
_	g address for future corresp Congment Ave,	` _ •	•
6. Future	effective date of filing (opti	ional):	
Signature person.	of a manager, member	or authorized	O The state of Obel and the State of Obel an
Signature	10)		Secretary of State use only
Typed Nar	ne: Rains Zoller	-	
Signature_			
Typed Name:			IDAHO SECRETARY OF STATE 11/15/2012 05:00 CK: 1196537 CT: 172099 BH: 134766

cert\_org\_llc Rev. 07/2010

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