



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -5 AM 9:00

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Si Bella Terra LLC

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

911 E. Winding Creek Way, Suite 150, Eagle, Idaho 83616

(Street Address)

(Mailing Address, if different than street address)

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

Michael D. Caven

(Name)

911 E. Winding Creek Way, Suite 150
Eagle, Idaho 83616

(Street Address)

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

Name

Address

Michael D. Caven

911 E. Winding Creek Way, Suite 150
Eagle, Idaho 83616

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

911 E. Winding Creek Way, Suite 150, Eagle, Idaho 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael D. Caven

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

CK:3063 CT:96887 BH:1464758

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