## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 SEP 29 AM 8: 18

(Instructions on back of application)

STATE OF IDAHO

	name of the limited liability con	npany is:
	RI	FN Properties, LLC
	complete street and mailing add	dresses of the initial designated/principal office:
(Str (Ma	eet Address)  O. Box 142 Eagle; II  illing Address, if different than street address)	0 83616
3. The	name and complete street addr	ess of the registered agent:
	ephanie Smith	1024 Arlington Dr. Eagle, ld 83616 (Street Address)
	name and address of at least o	ne member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
Ste	ephanie Smith	1024 Arlington Dr Eagle, Id 83616
ank to	dd Smith	1024 Arlington Dr Eagle, Id 83616
_		
	ling address for future correspor 0. Box 142 Eagle, 10	ndence (annual report notices):
	•	
6. Futi	ure effective date of filing (option	al):
Signatu	ure effective date of filing (option	
Signatu person.	ire of a manager, member or	
Signatu person.	re de Manager, member or	authorized
Signatu person.	re Stephanie Smith	authorized

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