

251

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

2014 JUN 23 AM 11:38

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LR5 LLC

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

410 E STATE ST STE 120 EAGLE ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

JOHN RENNISON

(Name)

410 E STATE ST STE 120 EAGLE ID 83616

(Street Address)

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

NameAddress

JOHN RENNISON

PO BOX 1001 EAGLE, ID 83616

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

410 E STATE ST STE 120 EAGLE ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: JOHN RENNISON

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2014 05:00

CK:1996484 CT:172099 BH:1430328

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