



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2015 SEP -8 AM 11:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

885 South 12 East, LLC

(The name shall be typed in the space provided. If the name is a "d/b/a" name, the name of the company shall be typed in the space provided.)

2. The complete street and mailing addresses of the principal office is:

1070 South 3rd West B Street, House, Mountain Home ID 83647

(Street Address)

PO Box 903 Longmont CO 80502

(Mailing Address - If Different)

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

OCON Group, LLC

1070 South 3rd West B Street House, Mountain Home id 83647

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Susan Reed

PO Box 903 Longmont CO 80502

(Name)

(Address)

(Signature)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 903, Longmont CO 80502

(Address)

Signature of organizer(s).

Printed Name: Susan Reed

Signature: Susan Reed

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2015 05:00

CK:3474 CT:314323 BH:1491375

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