

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN 20 AM 9: 47

(Instructions on back of application)

SECRETARY	OF	STAT	E
STATE OF	ID/	VHO.	

1. The name of the limited liability comp	any is: STATE OF IDAHO
Wilderne	ss Falls Building, LLC
2. The complete street and mailing addre	esses of the initial designated/principal office:
	Drive, Caldwell ID 83605
(Street Address) P.O. Box 5	06, Caldwell ID 83606
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent;
Nathaniel Mulkey	2403 Windsor Drive, Caldwell ID 83605
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Nathaniel Mulkey	2403 Windsor Drive, Caldwell ID 83605

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-	
5. Mailing address for future corresponde	, ,
P.O. Box 5	06, Caldwell ID 83606
6. Future effective date of filing (optional)):
Signature of organizer(s). (An organizer is a m	ember, or is
acting in behalf of a member or members).	
Simon Willes	Secretary of State use only
Signature / Wyww / Wight / Signature / Wyww / Wight /	- ig
Typed Name: Nathaniel Mulkey //	
Signature	
Signature	

W80720