

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE

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| The name of the limited liability company is: |
| WESTMONT Boise, L/C |
| 2. The complete street and mailing addresses of the initial designated office: |
| (Street Address) Bolse, Toloho 83702 (Mailing Address, if different than street address) |
| 3. The name and complete street address of the registered agent: |
| APA-CASA-22A 23/6 N. 26 TH ST 34/5, ID 8376. (Name) (Street Address) |
| The name and address of at least one member or manager of the limited liability company: |
| Name Address |
| ADACKSAZZA 2316 N. 26TH ST ZNSS, ID 83702 |
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| 5. Mailing address for future correspondence (annual report notices): |
| DEPEK HURD 1810 W. STATE ST. #207 BUSE, 1083762 |
| 6. Future effective date of filing (optional): |
| Signature of a manager, member or authorized person. |
| Secretary of State use only |
| Signature Ala |
| Typed Name: |
| Signature IDANO SECRETARY OF STATE |
| Typed Name: 92/13/2012 95:00 CK: 2 CT: 266948 BH: 131846 |
| 1 9 100.00 = 100.00 ORGAN LLC |

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