

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB -3 AM 8: 35

LIKE LARY OF STATE

1. The name of the limited liability co	ompany is:	STATE OF IDAHO
	PROPERTY MANAGEME	NT, LLC
2. The complete street and mailing a	ddresses of the initial	designated office:
492 N. KNOX AVE., STAR, IDAHO 836		
(Street Address) P.O. BOX 6036, BOISE, IDAHO 83707		
(Mailing Address, if different than street address)		
3. The name and complete street add	dress of the registere	d agent:
RITA GATES	492 N. KNOX AVE., STAR, IDAHO 83669	
(Name)	(Street Address)	
The name and address of at least company:     Name	one member or mana	ager of the limited liability  Address
DAVID ZUARES (Manager)	P.O. Box 6036, BOISE, IDAHO 83707	
5. Mailing address for future correspond	ondence (annual repo	ort notices):
P.O. BOX 6036, BOISE, IDAHO 83707		
6. Future effective date of filing (option	onal): N/A	
Signature of a manager, member of	or authorized	
person. $\Lambda$		Secretary of State use only
Signature DAVID ZUARES		
Signature Typed Name:		IDAHO SECRETARY OF STATE  92/93/2012 95:99 CK: 894583 CT: 172099 BH: 1309002 1 8 100.00 = 100.00 CRGAN LLC \$ 2

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