

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2013 AUG -6 AM 8: 46

(Instructions on back of application) SECRETARY OF LIATE

_	(	STATE OF IDAHO
1.	The name of the limited liability	
	Crimson Maple Townhomes LLC	
2.	The complete street and mailing 2239 W. Piazza St Meridian Idaho 83 (Street Address) P.O. Box 140298 Boise Idaho 83714 (Mailing Address, if different than street address	
3.	The name and complete street address of the registered agent:	
	Todd Campbell	2239 W. Piazza St Meridian Idaho 83646
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	Todd Campbell	P.O. Box 140298 Boise Idaho 83714
5.	Mailing address for future corres P.O. Box 140298 Boise Idaho 83714	spondence (annual report notices):
6.	Future effective date of filing (opt	otional):
	nature of a manager, member	or authorized
	nature	Secretary of State use only
_	ed Name: Todd Campbell	
Sigı	nature	IDAHO SECRETARY OF STATE  08/06/2013 05=06  CK: 1504394 CT: 172099 BH: 1384 1 8 100,00 = 100 00 00000000000000000000000
Тур	ed Name:	1 8 108.00 = 100.00 ORGAN LLC #

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