

CERTIFICATE OF ORGANIZATION ILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 14 PH 4: 42

1. The name of the limited liability comp	any is: STATE OF IDAHO
Ap	ache Way, LLC
2. The complete street and mailing addre	esses of the initial designated/principal office:
5132 West Franklin	Avenue, Meridian, Idaho 83642
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
John W. Matthews	5132 West Franklin Avenue, Meridian, Idaho 83642
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
<u>Name</u>	Address
Mark Matthews	4115 Bott Lane, Meridian, Idaho 83642
	/
e sa managanand	once (annual report notices):
 Mailing address for future correspond 5132 West Franklir 	Avenue, Meridian, Idaho 83642
6. Future effective date of filing (optional	l):
Signature of organizer(s). (An organizer is a n	nember, or is
acting in behalf of a member or members).	Secretary of State use only
a:	PMD
Signature Mark Matthews, Member	
Typed Name: Mark Matthews, Membe	- loss
	IDAHO SECRETARY OF STATE
Signature	CX: 17745 CT: 29168 BH: 1199152
Typed Name:	IDAHO SECRETARY OF STATE 12/15/2009 95:00 CK: 17745 CT: 20168 BH: 1199152 1 0 180.00 = 100.00 GRGAN LLC # 2
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