



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL -8 AM 11:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CAVENER HOMESTEAD L.L.C.

2. The complete street and mailing addresses of the initial designated/principal office:

1000 N. 569 W. PAUL ID. 83347

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

ALAN CAVENER

(Name)

2202 ESTATES DR. NAMPA ID. 83686

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

HAROLD CAVENER

1000 N 569 W PAUL ID. 83347

DOROTHY CAVENER

1000 N 569 W PAUL ID. 83347

ALAN CAVENER

2202 ESTATES DR. NAMPA ID. 83686

MARIELLE WESTPHAL

101 W. LARJAT DR. BOISE ID. 83714

5. Mailing address for future correspondence (annual report notices):

2202 ESTATES DR. NAMPA ID. 83686

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Alan Caver

Typed Name:

ALAN CAVENER

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/08/2011 05:00
CK: 4186 CT: 149356 BH: 1201655
1 @ 100.00 = 100.00 ORGAN LLC # 2

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