

Signature:___

Rev. 11/2015

Printed Name: ----

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 OCT -7 AM 11: 32

Complete and submit the application in dualisate

SECRETARY OF STATE

Sunterra O'Fallon RE, LLC (Remember to Include the words "L	Imited Liability Company," "I	imited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing a	iddraeaca of the princ	sinal office in
901 Pier View Drive, Suite 201, Id	•	apai office is.
(Street Address)		
PO Box 51298, Idaho Falls, ID 83	405	
(Mailing Address, if different)		
The name of the registered agent	and the street address	ss of the registered agent:
Thel W. Casper, Esq.	901 Pier View Drive, Suite 201, Idaho Falls, ID 83402	
(Name)	(Address cannot be a post office box or postal mail box.)	
The name and address of at least		- · · ·
BV Management Services, Inc.	PO Box 51157, Idaho Falls, ID 83405	
(15.16)	(Address)	
(Name)	(Address)	
() and	(waaress)	
(Name)	/A-1-1	
(1200)	(Address)	
n		
(Name)	(Address)	
Mailing address for future corresp	ondence (annual rep	ort notices):
PO Box 51298, Idaho Falls, ID 83	•	
(Address)		
: / 1		
ature of organizer(s)	2.	Secretary of State use only
ature: ////////////////////////////////////	OV /)	Country of Clark Gas Striy
1-00-1-00-1	izer .	IDAHO SECRETARY OF STATE
ed Name. Kari M. Campos, Organ		10/07/2016 05:00
		CK: PREPAID CT: 167590 BH: 15499

W172535

10 100.00 = 100.00 DRGAN LLC #2 $16\ 20.00 = 20.00 \text{ EXPEDITE C } \#3$