251



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 24 AM 9: 04

SECRETARY OF STATE

The name of the limited lia	bility company is:		STATE OF IDAHU
Eagle Manor LLC			
The complete street and ma		e initial designated offi	ce:
(Street Address)			
(Mailing Address, if different than stree	t address)		
The name and complete str	eet address of the re	gistered agent:	
James Tomlinson	205 N 10th 8	205 N 10th Street, Suite 200, Boise, ID 83702 (Street Address)	
(Name)	(Street Address		
The name and address of a company:	t least one member o	or manager of the limite	ed liability
<u>Name</u>		<u> Address</u>	
Tomlinson I an Idaho LLP	205 N 10th 5	205 N 10th Street, Suite 200, Boise, ID 83702	
Mailing address for future co	orrespondence (annu	al report notices):	
PO Box 108, Boise, ID 83701		,,	
. Future effective date of filing	g (optional):		
gnature of a manager, menerson.	nber or authorized		
	Alle	Secretary of Sta	•
ped Name: James Tomlinson, I		04/24/	RETARY OF STATE 2015 05:00 :172099 BH:1472
gnature			00.00 ORGAN LLC
ped Name:	<del></del>		

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