

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OB OCT 29 AM 8: 20

SECRETARY OF STATE STATE OF IDAHO

1. The	The name of the limited liability company is:		STATE OF IDAHO
	Gal	hleys Whispering Pines LLC	
2. The		Idresses of the initial designated/	principal office:
(Stree	t Address)		7774
(Mailir	ng Address, if different than street address)		
3. The r	name and complete street add	ress of the registered agent:	
-	Cory Gahley	27128 Gotsch Rd Parma, k	daho 83660
(Name	9)	(Street Address)	
4. The roomp	any: <u>Name</u>	ne member or manager of the lir	·
	Mechelle Cossairt-Gahley	27128 Gotsch Rd Parma, Id	laho 83660
	Cory Gahley	27128 Gotsch Rd Parma, Idaho 83660	
E Mailin			
5. Mailin		dence (annual report notices): sch Rd Parma, Idaho 83660	
6. Future	effective date of filing (option	al):	
Signature acting in bel	of organizer(s). (An organizer is a nalf of a member or members).	member, or is	
.	m. 1.00 m	Secretary of	State use only
Signature_ Typed Nar	me:Mechelle D. Cossairt-Gal	hley §	
Signature_ Typed Nan	ne:Cory G. Gahley	Miley	0AHO SECRETARY OF STATE 29/2008 05:00 76 CT: 230979 BH: 1142083 3.00 = 100.00 ORGAN LLC # 2
	···	§	80 = 20.60 EXPEDITE C #

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