

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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GEERFTARY OF STATE

1.	The name of the limited liability company is:		STATE OF IDAHO
	Hogan (Commercial Propert	ies, LLC
2.	2. The complete street and mailing addresses of the initial designated/principal office: 943 West Overland Road, Suite 135 Meridian Idaho, 83642 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kelly Hogan	943 W Overland	Road, Suite 135, Meridian, ID 83642
	(Name)	(Street Address)	-
The name and address of at least one member or manager of the limited lial company:			manager of the limited liability
	<u>Name</u>		
	Kelly Hogan	2770 Lake Harbor Lane, Boise ID 83703	
	Jack Hogan	3575 Palisades Crest DR, Lake oswego, OR 97034	
_	Mailing address for future correspondence (appual report notices):		
5. Mailing address for future correspondence (annual report notices):			report notices).
	943 W Overland Road, Suite 135 Meridian ID 83642		
6	Future effective date of filing (optional):		
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Sig	gnature of a manager, member o	r authorized	
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Typed Name: _____