

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the	limited liability com	pany is:		STATE OF IDAHO	
		#SFEEC.	MT PROP	ERTES, LLC	
2. The complete stre					
		Ave Rd, Nam		•	
(Street Address)					
(Mailing Address, If differ	ent than street address)	* ************************************	<del></del>	The state of the s	
3. The name and co	mplete street addre	ss of the re	gistered ager	nt:	
Troy Ball		1693 N Spring Hollow, Star Idaho 83669			
(Name)		(Street Address	3)		
The name and additional company:	dress of at least on	e member o	or manager o	f the limited liability	
	Name		<u>Address</u>		
Monty T L	.einum Jr	2118 S Miller Way, Nampa, ID 83686			
Troy S Ball		1693 N Spring Hollow, Star ID 83669			
<del></del>					
		• •			
5. Mailing address fo	r future correspond	ence (annu	al report notic	nes):	
	•	Ave Rd, Namı	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			·		
6. Future effective da	ite of filing (optional	l):			
Signature of organizer(		nember, or is			
acting in behalf of a member	er or membere).		S	ecretary of State use only	
Signature	- Tix	_ /	GMP <sub>2</sub>	outoury of otata ass oray	
Typed Name:	Monty T Leinum Jr		H Duo.		
. , pou rumo.		·	Revised 07/2008		
Signature			07/200	IDAHO SECRETARY OF STATE	
Typed Name: Troy S Ball			forms\L	CK: 2418 CT: 238416 BH: 1139328	
		<del></del>	72. dž	1 = 100.00 = 100.00 ORGAN FTC # 5	

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