

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 00T 19 PM 1: 33

(Instructions on back of application)

	SECHE BRY OF STATE
1. The name of the limited liability of	STATE OF IDATIO
Kathleen	n Estates Coleman Homes LLC
<ol> <li>The complete street and mailing a 1859 S. Topaz Way, Suite 200, Merida (Street Address)</li> </ol>	addresses of the initial designated/principal office:
(Mailing Address, if different than street address	)
3. The name and complete street ad	ldress of the registered agent:
Thomas M. Coleman Jr. (Name)	1859 S. Topaz Way, Suite 200, Meridian, ID 83642T (Street Address)
company:	one member or manager of the limited liability
<u>Name</u> Thomas M. Coleman Jr.	<u>Address</u> 1859 S. Topaz Way, Suite 200, Meridian, ID 83642
<u>-</u>	
5. Mailing address for future correspond	ondence (annual report notices):
1859 S. Topaz Way, Suite 200, Meridia	·
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	or authorized
	Secretary of State use only
Signature V/W/	
Typed Name: Thomas M. Coleman Jr.	
	IDAHO SECRETARY OF STATE 10/19/2010 05:00
Signature	CK: 3697 CT: 232181 BH: 1243744 1 0 100.00 = 100.00 ORGAN LLC #
Tunad Name:	T E TORING - TORING ANDRE CTO H P

W97326

Typed Name: \_\_\_\_\_