

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY - 1 AM 10: 54

FILED EFFECTIVE

(Instructions on back of application)

SECRETAIN, OF STATE

1.	The name of the limited liability com	ıpany is:	STATE OF IDAHO
	Blue	Sky Appraisals LLC.	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	5000 W. Shirdale Dr. Meridian, ID 83646		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	3. The name and complete street address of the registered agent:		
	Todd L. Van Sickle	5000 W. Shirdale Dr.	Meridian, ID 83646
	(Name)	(Street Address)	:
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Todd L. Van Sickle	5000 W. Shirdale Dr. Meridian, ID 83646	
			<u></u>
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5	Mailing address for future correspon	dence (annual renort noti	icae).
IJ.	i. Mailing address for future correspondence (annual report notices): 5000 W. Shirdale Dr. Meridian, ID 83646		
		Tuese Dr. Hieridian, ID 000-10	
6	Future offective date of filing (ention	al):	
O.	Future effective date of filing (option	ai).	
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Signature of organizer(s). (An organizer is a member, or is			
acti	ng in behalf of a member or members)		Secretary of State use only
Sia	nature MI lan Aulu	S. PM	
Typed Name: Todd L. Van Sickle			
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جاي	anature	corptoms/LC forms/cert_org_lic.PMD	CK: 232146 CT: 172899 BH: 1168687
Signature			1 & 100100 - 100100 susan w-1 : -
Typed Name:			
			YVU J