

## **ARTICLES OF ORGANIZATION**

|      | (Instructions on back  |  | 2006 MAY 18 PM 12: 28  |
|------|--|--|--|
| 1.   | The name of the limited liability company is:  |  | SECRETARY OF STATE<br>STATE OF IDATIO  |
|      | Treasured Homes L  |  | The Party of the P |
| 2.   | The street address of the initial regis  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·  |
|      | 127 W 15+ N Righty, 1D 83443   |  |  |
|      | and the name of the initial registered   |  | ess is:  |
|      | Hesth Treasure   |  |  |
| 3.   | The mailing address for future corres  | spondence is:  |  |
|      | 12-1 W 15+ N RIG   | 104,10 83442   |  |
| 4.   | Management of the limited liability co   |  |  |
|      | Manager(s) or Member(s) (please check the appropriate box)   |  |  |
| 5.   | If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and address(s)  | nager. If management is t  | o be vested in the   |
| 5.   | address(es) of at least one initial mar<br>member(s), list the name(s) and addr<br>Name  | nager. If management is to ress(es) of at least one ini  | o be vested in the   |
| 5.   | address(es) of at least one initial mar<br>member(s), list the name(s) and addr  | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  |
| 5.   | address(es) of at least one initial mar<br>member(s), list the name(s) and addr<br>Name  | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  |
| 5.   | member(s), list the name(s) and address(es) of at least one initial mar member(s), list the name(s) and address (es) of at least one initial mar member(s). It is the name(s) and address (es) of at least one initial mar member(s) and address (es) of at least one initial mar member(s).   | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  Address  (( ) e Idska Falls I   |
| 5.   | Name  Kandy Kolmsov  Ical II Treasure  | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  Address  (( ) e Idska Falls I   |
| 5.   | Name  Kandy Kolmsov  Ical II Treasure  | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  Address  (( ) e Idska Falls I   |
| 5.   | Name  Kandy Kolmsov  Ical II Treasure  | nager. If management is to ress(es) of at least one ini  | o be vested in the tial member.  Address  (( ) e Idska Falls I   |
|      | Name  Kandy Kolmsov  Icalin Treasure  Lacy Irasure   | nager. If management is to ress(es) of at least one initially and a second seco | o be vested in the tial member.  Address  II) e Idalo Falls I.  Righy, ID 834112  Righy, ID 834112   |
| 6. S | Address(es) of at least one initial mar member(s), list the name(s) and address (s) and addres | nager. If management is to ress(es) of at least one initiation.  925 Turbu 127 W 1 <sup>51</sup> N  onsible for forming the lim  | o be vested in the tial member.  Address  II) e Idalo Falls I.  Righy, ID 834112  Righy, ID 834112   |
| 6. S | Signature of at least one person responses to the same of the same | nager. If management is to ress(es) of at least one initiation.  925 Turbu 127 W 1 <sup>51</sup> N  onsible for forming the lim  | o be vested in the tial member.  Address  II De Idaha Falls II  Righy, ID 83413  Righy, ID 83413  ited liability company:  Secretary of State use only   |
| 6. S | Address(es) of at least one initial mar member(s), list the name(s) and address (s) and addres | nager. If management is to ress(es) of at least one initiation.  925 Turbu 127 W 1 <sup>51</sup> N  onsible for forming the lim  | o be vested in the tial member.  Address  II De Idalo Falls I.  Right, ID 83443  Right, ID 83445  ited liability company:  |
| 6. S | Signature of at least one person responses to the same of the same | nager. If management is to ress(es) of at least one initiation.  925 Turbu 101 101 151 N   | o be vested in the tial member.  Address  II De Idaha Falls II  Righy, ID 83413  Righy, ID 83413  ited liability company:  Secretary of State use only   |