

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

2012 JAN 12 PH 3: 43

(Instructions on back of application) SEAML TAKY

1	The name of the limited liability com	pany is:
••	Clarke Properties	•
2		resses of the initial designated office:
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	(Street Address)	Middleton, ID 83644
_	(Mailing Address, if different than street address)	
3.	3. The name and complete street address of the registered agent:	
	Steven Clarke	22900 Conned Ct. Middleton, ID 83644 (Street Address)
	()	(order, radioso)
4.	4. The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Steven Clarke	22900 Conrad Ct. Middleton, ID 83644
		,
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5.	Mailing address for future correspondence (annual report notices):	
	22900 Conrad Ct. Middle	ton, ID 83644
6.	6. Future effective date of filing (optional):	
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_	nature of a manager, member or son.	authorized
•		Secretary of State use only
Signature State College		
Typed Name: Steven Clarke		
Sia	nature	
Typed Name: IDAHO SECRETARY OF SINTE 91/12/2012 05:00		
		CV. 167 CT- 265892 RH: 1385935

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