



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 24 PM 1:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Mutual Trust Class V, LLC

2. The complete street and mailing addresses of the initial designated office:

12594 W Explorer Dr Suite 100 Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Tom Buuck

(Name)

12594 W Explorer Dr Suite 100 Boise, ID 83713

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Tom Buuck

12594 W Explorer Dr Suite 100 Boise, ID 83713

5. Mailing address for future correspondence (annual report notices):

12594 W Explorer Dr Suite 100 Boise, ID 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Tom Buuck

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/24/2013 05:00
CK: 2432 CT: 219952 BH: 1379361
1 @ 100.00 = 100.00 ORGAN LLC # 2

W126611