

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 SEP 19 PM 12: 03

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability cor	mpany is: STATE OF IDAHO
	S. Crow Title, LLC
6138 W. Wi	dresses of the initial designated/principal office:
(Street Address)	972 Boise, ID 83701-0972
(Mailing Address, if different than street address)	972 Boise, ID 83701-0972
3. The name and complete street addr	ress of the registered agent:
S. Crow Collateral Corp.	6138 W. Winstead Place, Boise ID 83704-6268 (Street Address)
<ol> <li>The name and address of at least or company:</li> </ol>	ne member or manager of the limited liability
<u>Name</u>	<u>Address</u>
S. Crow Collateral Corp.	6138 W. Winstead Place, Boise ID 83704-6268
Stanley D. Crow	6138 W. Winstead Place, Boise ID 83704-6268
Mailing address for future correspond	dence (annual report notions):
PO Box 9	72 Boise, ID 83701-0972
6. Future effective date of filing (optional	l):
Signature of organizer(s). (An organizer is a nacting in behalf of a member or members).	nember, or is
Signature Staulle Slugg	Secretary of State use only
Typed Name: Stanley D. Crow	1 Bo 120
Signature	IDAHO SECRETARY OF STATE  9/19/2008 05:00  CK: 1335 CT: 225255 BH: 1136740 1 2 108.88 = 108.88 ORGAN LLC # 2
Typed Name:	CK: 1335 CT: 225255 BH: 1136740

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