



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN -8 AM 9:54

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| . The name of the limited liability com | STATE OF TOARD mpany is: |
|---|---|
| wo | G PRINEVILLE, LLC |
| • | dresses of the initial designated/principal office: 6th St., Fruitland, Idaho 83619 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| The name and complete street address | ress of the registered agent: |
| Brooks Dame | 300 N.W. 16th St., Fruitland, Idaho 83619 |
| (Name) | (Street Address) |
| The name and address of at least or company: | one member or manager of the limited (lability |
| Name | Address |
| Brooks Dame | 300 N.W. 16th St., Fruitland, Idaho 83619 |
| Valerie Wilford | 300 N.W. 16th St., Fruitland, Idaho 83619 |
| Mailing address for future correspon | ndence (annual report noti ce s): 6th St., Fruitland, Idaho 83619 |
| 000 14.77. 10 | 2. |
| Future effective date of filing (option | nal): |
| gnature of organizer(s). (An organizer is a ting in behalf of a member or members). | a member, or is |
| | Secretary of State use only |
| gnature <u>I au m</u> M | |
| rped Name: Paul M. Boyd, Organiz | IDAHO SECRETARY OF STATE ################################## |
| ignature | IBAHO SECRETARY OF STATE |
| yped Name: | 01/08/2010 05 to CX: 384131 CT: 7612 PH: 1286 1 8 100.88 = 186.88 (Property) |

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