## **FILED EFFECTIVE**

251



## CERTIFICATE OF ORGANIZATION

	IABILITY COME ns on back of applicatio	SECRETARY OF STATE	
1. The name of the limited	• •	. SAME OF IDAMO	
SUNNINGDALE, LLC	, ,		
2. The complete street and 954 E 3700 N, CASTLEFOR	<del>-</del>	e initial designated office:	
(Street Address)			
(Mailing Address, if different than s	treet address)		
3. The name and complete	street address of the re	gistered agent:	
ANDREW JARVIS	954 E 3700 I	N, CASTLEFORD, ID 83321	
(Name)	(Street Address	)	
company:	of at least one member o	or manager of the limited liability	
<u>Name</u> ANDREW JARVIS	954 E 3700 I	Address N. CASTLEFORD, ID 83321	
TRACEY JARVIS		954 E 5700 N, CASTLEFORD, ID 83321	
	33.23,00	4 5/10/12/10/15/15/0002/	
·	<del></del>		
<ol> <li>Mailing address for future</li> <li>954 E 3700 N, CASTLEFOR</li> </ol>	•	ıal report notices);	
6. Future effective date of f	iling (optional):		
Signature of a manager, r	nember or authorized		
person.	T2.	Secretary of State use only	
Signature ANDREW JARVIS		IDAHO SECRETARY OF STATE	
. Jpos Hallot		08/13/2014 05:00 CK:2135980 CT:172099 BH:14	
Signature		10 100.00 = 100.00 ORGAN L	
Typed Name:		MILLIAN	

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