

CERTIFICATE OF ORGANIZATION

	FILED
CERTIFICATE OF C	ORGANIZATION TY COMPANY 2012 NOV 16 PM 1: 33
(Instructions on back	k of application) SECRETARY OF STATE
1. The name of the limited liability con	mpany is: STATE OF IDAHO
Esther B. Estate	
	Idresses of the initial designated office: Do Drive Boise ID 83704
(Street Address)	Boise ID 83707
(Mailing Address, if different than street address)	DOING DO DOING
The name and complete street add	lress of the registered agent: 3780 N. Pepperwood Dr.
Shannan Thomas	Boise ID 83704 (Street Address)
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability
Shannan Thomas	Address P.O.Box 8794 Bois ID 83707
Matthew witt	840 Virginialare
	840 Virginialane Rapid City, South Dakota
	57701
5. Mailing address for future correspo	ondence (annual report notices):
A COMPANY OF THE PARTY OF THE P	P.D. Box B194 Boise ID83707
6. Future effective date of filing (optio	onal):
Signature of a manager, member o	r authorized
person.	Secretary of State use only
Signature Shawara The	1/1/OO)
Гуреd Name: <u>Shannan Тhoma</u>	<u></u>
Signature	

cert_org_llc Rev. 07/2010

IDAHO SECRETARY OF STATE
11/16/2012 05:00
CK: 5530 CT: 276336 BH: 1347933
1 @ 100.00 = 108.00 ORGAN LLC # 2

W119419

Typed Name: