

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 29 AM 10: 2

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability compan	y is:	STATE	OF IDAH
PSR	Lot 19 LLC		
The complete street and mailing address c/o Bozzuto, Anderson & Co 733		· .	ce:
(Street Address)			•
(Malling Address, if different than street address)	<u> </u>		
The name and complete street address	of the registered age	nt:	
Todd S. Anderson	733 N Main St STE	3, Bellevue, ID 83313	
(Name) (Str	eet Address)		
The name and address of at least one more company:		•	•
Name Total O. Andrews	Address 733 N Main St STE G, Bellevue, ID 83313		
Todd S. Anderson	/33 N Main St STE t	s, Bellevue, ID 83313	
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Mailing address for future correspondence	•	•	i de la
c/o Bozzuto, Anderson & Co 733	N Main St STE G, Belle	vue, ID 83313	
Future effective date of filing (optional):			
nature of organizer(s). (An organizer is a mem	ber, or is		
ing in behalf of a member or members).		Secretary of State use only	
nature LIDS.CL	□ N	•	
ped Name: Todd S. Anderson			
nature_	oms/LC forms/cert_org_fc.PMD	IDAHO SECRETARY @4/29/2010	DF STATE
ned Name:	wms/L	1 0 100.00 = 100.00	ORGAN LLC

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