



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 NOV 23 AM 9:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ohana Properties of Twin Falls, LLC

2. The complete street and mailing addresses of the initial designated office:

349 Adams St. Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Ralph E. Chapman

(Name)

349 Adams St. Twin Falls, ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Ralph E. Chapman

349 Adams St. Twin Falls, ID 83301

Pauline Y. Chapman

349 Adams St. Twin Falls, ID 83301

5. Mailing address for future correspondence (annual report notices):

349 Adams St. Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature R. E. Chapman

Typed Name: Ralph E. Chapman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/23/2012 05:00
CK: 8380 CT: 142512 BH: 1348674
1 @ 100.00 = 100.00 ORGAN LLC # 2

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