

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 AUG 23 PM 3: 32

SECRETARY OF STATE STATE OF IDAHO

	(Instructions on bac	k of application	STATE OF IDAHU
1.	The name of the limited liability co	mpany is:	
	•	Brassy Cove II LL	
2.	The complete street and mailing at 1159 E. Iron Eagle Drive, Suite 170-B, E		initial designated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jon D. Hill	1159 E. Iron Eagle Drive, Suite 170-B, Eagle, ID 83616	
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	Jon D. Hill	1159 E. Iron Ea	ngle Drive, Suite 170-B, Eagle, ID 8361
5.	Mailing address for future correspondations and transfer for future correspondations and the second state of the secondary for the seconda	•	report notices):
6.	Future effective date of filing (option	nal):	
Sigr pers	nature of a manager, member o	r authorized	
Sign	lature Jan 5. H	<u> </u>	Secretary of State use only
Туре	ed Name: Jon D. Hill		
Sign	ature		
Туре	ed Name:		** ****

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