

CERTIFICATE OF ORGANIZATION Click here to clear form. LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 OCT 28 AM 9: 41

The name of the limited liab Great Living, LLC	oility company is:	SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and ma 350 S Hayes Ave, Pocatello, Ida (Street Address)	_	e initial designated office:	
· · · · · · · · · · · · · · · · · · ·			
(Mailing Address, if different than street	address)		
3. The name and complete stre	eet address of the re	gistered agent:	
Steven Winters 350 S Hayes Ave, Pocatello, Idaho 83204		Ave, Pocatello, Idaho 83204	
(Name)	(Street Address	5)	
The name and address of at company: Name	least one member of	or manager of the limited liability	
Steven Winters, Managing Member 350 Hayes Ave, Pocatello, Idaho 832			
Phillip Winters, Managing Memb	er 1497 E Highl	1497 E Highline Rd., PO Box 244, Loa, Utah 84747	
			
5. Mailing address for future con 350 S Hayes Ave, Pocatello, Ida	•	al report notices):	
6. Future effective date of filing	(optional):		
Signature of a manager, mem	ber or authorized		
person.		Secretary of State use only	
Signature Sturn Wint	~mm		
Typed Name: Steven Winters, Mana	aging Member	TRANS STARTAGE OF STATE	
Signature Philip Winter,		IDAHO SECRETARY OF STATE 19/28/2013 05:00 CK: 185878849794 CT: 244193 BH: 1395558 1 8 100.80 = 188.88 ORGAN LLC # 2	
vped Name: Phillip Winters, Managing Member		1 0 20.80 = 28.00 EXPEDITE C # 3	

W130522

Typed Name: Phillip Winters, Managing Member

Signature