



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 27 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

Oldtown Properties LLC

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

57 Shepard Rd Oldtown, ID 83822

(Street Address)

(Mailing Address, if different than street address)

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

Daniel R Shepard Jr

(Name)

57 Shepard Rd Oldtown, ID 83822

(Street Address)

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

Daniel R Shepard Jr

Address

57 Shepard Rd Oldtown, ID 83822

Mary A Shepard

57 Shepard Rd Oldtown, ID 83822

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

57 Shepard Rd Oldtown, ID 83822

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Daniel R Shepard Jr

Signature

Typed Name: Mary A Shepard

Secretary of State use only

IDAHO SECRETARY OF STATE
09/27/2010 05:00
CK: 13640 CT: 106117 BH: 1240516
1 P 100.00 = 100.00 ORGAN LLC # 2