

## CERTIFICATE OF ORGANIZATION

| LIMITED LIABILITY COM  | WPANY 09 SEP 28 AM 9: 08   |
|--|--|
| (Instructions on back of applications)   | tion) OF STATE   |
| 1. The name of the limited liability company is:   | SECRETARY OF STATE STATE OF IDAHO  |
| highthouse Living LLC  |  |
| 2. The complete street and mailing addresses of  |  |
| 1005 Air Port Rd; Blo (Street Address)   | ackfoot, ID 83221  |
| (Mailing Address, if different than street address)  |  |
| 3. The name and complete street address of the   | registered agent:  |
| Stafney Layton 821 (Name) (Street Addr   | Wildrose Blackfoot ID  |
| 4. The name and address of at least one membe company:   | r or manager of the limited liability  |
| <u>Name</u>  | Address  |
| Stefney Layton 821   | Wildrose; Blacktoot ID 83  |
| T.P. Shuman 1326   | Kersten Drive; Chuhbuck, ID 83200  |
|  |  |
|  |  |
|  |  |
| 5. Mailing address for future correspondence (an   | inual report notices):   |
| 821 Wildrose Blackfor  | ot, ID 83221   |
|  |  |
| Future effective date of filing (optional):  |  |
| ignatura of organizario) /An accessor is a constant  | via.   |
| ignature of organizer(s). (An organizer is a member, or cting in behalf of a member or members). |  |
| 1 4 1  | Secretary of State use only  |
| Signature  | La gra   |
| yped Name: Stetney Layton  | the state of the s |
| Signature  | IDAHO SECRETARY OF STATE  OP/28/2809 05 m  CK: 100 07: 227155 BH: 118  |
| 'vped Name:  | CK: 1103 CT: 227155 BH: 118  |