

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 JUL 12 AM 8: 11

(Instructions on back of application)

		SECRETION OF OTATE
1. The name of the limited liabili	ty company is:	SECRETIRY OF STATE STATE OF IDAHO
HTFT PROP	ERTIES, LLC	
2. The complete street and mailing	ng addresses of the init	ial designated/principal office:
1250 Northwood Center C (Street Address)	ourt, Suite A, Coeur	d'Alene, ID 83816
(Mailing Address, if different than street add	dress)	
3. The name and complete stree	t address of the regis <b>te</b>	red agent:
John F. Magnuson	1250 Northwood (	Center Court, Ste. A, Coeur d'Al
(Name)	(Street Address)	ID 83816
The name and address of at le company:	east one member or ma	anager of the limited liability
<u>Name</u>		<u>Address</u>
John F. Magnuson	1250 Northwood	Center Court, Ste. A,
	Coeur d'Alene	e, ID 83816
•		<del></del>
5. Mailing address for future corre	espondence (annual re	port notices):
1250 Northwood Center Cour	rt, Suite A, Coeur d	l'Alene, ID 83816
6. Future effective date of filing (	ontional):	
o. I didie elicolive date of filling (	optional)	
Signature of a manager, memberson	er or authorized	
person.		Secretary of State use only
Signature Signature	wagun	
Typed Name: John F. Magnuso	<del>m</del>	
Signature		IDAHO_SECRETARY_OF_STATE
Typed Name:		07/12/2010 05:0 CK: 26813 CT: 21913 BH: 12302
		1 8 100 00 - 100 00 000000110

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