



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 22 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TOBILLO ESTATES LLC

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

1988 VAN CIRCLE IDAHO FALLS ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

JAKE SHUMAN

(Name)

1988 VAN CIRCLE IDAHO FALLS ID 83404

(Street Address)

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

Name

Address

JAKE R. SHUMAN

1988 VAN CIRCLE IDAHO FALLS ID 83404

LISA D SHUMAN

— SAME —

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

SAME

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: JAKE R. SHUMAN

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
03/23/2010 05:00  
CK: 12206933 CT: 246274 BH: 1214155  
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