

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 22 PM 4:31

(Instructions on back of application)

SECRETARY HE STATE

| 1. The name of the limited liability | company is: | STATE OF IDAHO |
|--|---|--|
| Middle | ton Property Management, I | TC |
| The complete street and mailing 24051 Bow Creek Lane, Caldwell, Id | | designated/principal office: |
| (Street Address) | | |
| (Malling Address, if different than street addre | ss) | |
| 3. The name and complete street a | ddress of the registered | d agent: |
| Lesa Bowen | 24051 Bow Creek Lan | ne, Caldwell, Idaho 83607 |
| (Name) | (Street Address) | |
| The name and address of at lea company: | st one member or mana | ger of the limited liability |
| <u>Name</u> | Address | |
| Lesa Bowen | 24051 Bow Creek Lane, Caldwell, Idaho 83607 | |
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| 5. Mailing address for future corres | , | rt notices): |
| 24051 Bow Creek Lane, Caldwell, Ida | INO 836U/ | |
| 6. Future effective date of filing (op | tional): | |
| o. I didic checuive date of ming top | | |
| Signature of a manager, member | or authorized | |
| person. | or authorized | |
| Signature DN BRUE | | Secretary of State use only |
| Typed Name: Lesa Bowen, Manager | | W95063 |
| | | |
| Signature | | IDAHO SECRETARY OF STAT 07/22/2010 05 CK: 12852 CT: 214448 BH: 1 |

CK: 12852 CT: 214448 BH: 1231759 1 8 100.00 = 100.00 ORGAN LLC #