

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability cor	mpany is: STATE OF IDAHO
	EXCALIF	BUR INVESTMENTS, LLC
2.	The complete street and mailing ad-	dresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	MIKE SCOTT	3018 N. BIGROCK PLACE, MERIDIAN ID. 83646
	(Name)	(Street Address)
4.	The name and address of at least o company:	one member or manager of the limited liability
	<u>Name</u>	Address
	MIKE SCOTT	3018 N. BIGROCK PLACE, MERIDIAN ID. 8364
5.	Mailing address for future correspondence (annual report notices):	
	PO BOX 931, EAGLE, ID. 83616	
6. Future effective date of filing (optional):		nal):
	nature of a manager, member or son.	authorized
hei		Secretary of State use only
Sig	nature /////	
Тур	ped Name: MIKE SCOTT	
Sia	nature	IBAHO SECRETARY OF STATE 95/96/2011 95:99
_	ped Name:	CK: 2261615272 CT: 258572 BH: 127269 1 0 100.00 = 100.00 ORGAN LLC # 2