

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013.SEP -4 :PM 3: 42

(Instructions on back of app		ick of application)	SECRETARY OF STATE
1.	The name of the limited liability of	e name of the limited liability company is:  SECRETARY OF S STATE OF IDAH	
	Mary R. Lee Land and Cabin, LLC.		
2.	The complete street and mailing addresses of the initial designated office:		
	5370 Elmore Rd., Fruitland, Idaho 83619		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Brian Lee	5370 Elmore Rd., Fruit	and, Idaho 83619
	(Name)	(Street Address)	, , , , , , , , , , , , , , , , , , , ,
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Brian Lee	5370 Elmore Rd., Fruit	and, Idaho 83619
	Trevor Lee	607 SW 3rd Street, Fru	itland, Idaho 83619
			<u> </u>
5.	Mailing address for future corresp	ondence (annual report	notices):
	5370 Elmore Rd., Fruitland, Idaho 836	619	
6.	Future effective date of filing (opti	ional):	
	nature of a manager, member	or authorized	
Sign	nature \		Secretary of State use only
_	ed Name: Brian Lee		42128869
		The control of the co	IDAHO SECRETORY OF STATE
Sig	nature		CK: 1380 CT: 148757 RH: 1388711
Тур	ed Name:/		1 8 80.00 = 80.00 DRGAN LLC # 2

cert\_org\_lic Rev. 07/2010

IDAHO SECRETARY OF STATE
09/04/2013 05:00
CK: HONE CT: 148757 BH: 1388712
1 8 28.08 = 28.00 DRGAN LLC # 2