



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

APR - 9 PM 4:13

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

FILED EFFECTIVE

1. The name of the limited liability company is:

Alpine Meadows, LLC

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

1155 E. Winding Creek Dr., Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Idaho Estate Planning, P.C.

(Name)

1155 E. Winding Creek Dr., Eagle, ID 83616

(Street Address)

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

NameAddress

Charles Eldredge - Manager

2548 Stokesberry Place

Scot Halladay - Manager

Meridian, Idaho 83642

Val Hill - Manager

" "

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

1155 E. Winding Creek Dr., Eagle, ID 83616

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: Steven R. Rausch - Atty/Organizer

Signature _____

Typed Name: _____

 100FormsLLC form LLC-ORG-100-PMID
Revised 07/2008

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/09/2009 05:00
 CX: 6009 CT: 188283 BH: 1165853
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