

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 FEB -8 AM 9: 17

(Instructions on back of application)

SECRETARY	OF	STAT	E
STATE OF	ID/	OHA	

	SECHEIAHY		
<ol> <li>The name of the limited liability company is</li> </ol>	s: STATE OF	- IUAHU	
Steadman Pro	perties, LLC		
2. The complete street and mailing addresses	of the initial designated/prir	ncipal office:	
2175 Butte St., Po	catello, ID 83201		
(Street Address)			
(Mailing Address, if different than street address)		<u></u>	
3. The name and complete street address of the	ne registered agent:		
- · · · · · · · · · · · · · · · · · · ·			
Jared A. Steadman	2175 Butte St., Pocatello, ID	83201 	
(Name) (Street A	Address)		
4. The name and address of at least one ways	har ar managar of the limit	ad liability	
<ol><li>The name and address of at least one mem company:</li></ol>	iper of manager of the limit	su liability	
Name	Address		
Jared A. Steadman	2175 Butte St., Pocatello, ID 83201		
Erin M. Steadman	2175 Butte St., Pocatello, ID 83201		
•		<u> </u>	
5. Mailing address for future correspondence (			
2175 Butte St., Po			
6 Future effective data of filing (antianal):		*	
6. Future effective date of filing (optional):			
Signature of organizer(s). (An organizer is a member acting in behalf of a member or members).	, or is		
	Secretary of S	tate use only	
Signature And Stah	M.		
Typed Name: Jared A. Steadman	a		
. )	maryon maryon		
Signature 6	100 Family 100 LC. Fa	D SECRETARY OF STATE B/2010 05:00	
Typed Name Erin M. Steadman	CK: 1983	CT: 244723 BH: 1207107	