



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 SEP -7 PH 4: 10

(Instructions on back of application)

SUPREMENT OF STATE

| | | | STATE OF IDAHO | |
|----------------------|---|-------------------|---|--|
| 1. The name | of the limited liability | company is: | STATE OF TOATIO | |
| | | Paradise Manageme | ent LLC | |
| | Crossing Ave. Meridian II | - | e initial designated/principal office: | |
| | | | i | |
| (Mailing Add | ress, if different than street address. | ess) | | |
| 3. The name | and complete street | address of the re | gistered agent: | |
| Brett Hugh | es | 3637 Park Cr | ossing Meridian, ID 83646 | |
| (Name) | | (Street Address | 5) | |
| 4. The name company: | | ast one member o | or manager of the limited liability | |
| | <u>Name</u> | | <u>Address</u> | |
| Brett Hugh | Brett Hughes | | 3637 Park Crossing Meridian, ID 83646 | |
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| - | ldress for future corre | , | al report notices): | |
| 3637 Park | Crossing Meridian, ID 836 | 646 | | |
| 6. Future effe | ective date of filing (o | ntional)· | | |
| o. rataro on | source date or iming (o | <i></i> | | |
| Signature of person. | a manager, membe | r or authorized | | |
| F 5.00 | | | Secretary of State use only | |
| Signature | 19-6 | | | |
| Typed Name: | Bret | t Highes | C0621PW | |
| Signature | | • | IDAHO SECRETARY OF STATE 99/08/2010 05:00 CK: CASH CT: 227232 BH: 1237948 | |
| Typed Name: | , | | 1 0 100.00 = 100.00 ORGAN LLC # 2 | |
| TYPOG ITGHIG. | | | i : | |