

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Spencer M Larsen Homes LLC  The complete street and mailing addresses of the initial designated office: 530 N 850 W Blackfoot ID 83221 (Street Address, if different then elevet address)  The name and complete street address of the registered agent:  Spencer M Larsen  (Name)  Spencer M Larsen  (Name)  Spencer M Larsen  (Street Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  Spencer M Larsen  530 N 850 W Blackfoot  Spencer M Larsen  530 N 850 W Blackfoot  530 N 850 W Blackfoot  Future effective date of filing (optional):  Signature  S	1 01	(Instructions or	n back of application)	
Spencer M Larsen Homes LLC  2. The complete street and mailing addresses of the initial designated office: 530 N 850 W Blackfoot ID 83221 (Street Address)  (Mailing Address, if different than street eddress)  3. The name and complete street address of the registered agent:  Spencer M Larsen  (Name)  Spencer M Larsen  (Street Address)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Spencer M Larsen  S30 N 850 W Blackfoot  Spencer M Larsen  S30 N 850 W Blackfoot  530 N 850 W Blackfoot  530 N 850 W Blackfoot  Spencer M Larsen  Signature of a manager, member or authorized  Spencer M Larsen  Signature  Spencer M Larsen  Spencer M Larsen  Spencer M Larsen  Spencer M Larsen  Signature  Spencer M Larsen  S	1. The nan	ne of the limited liabil	lity company is:	TO YEAR OF SECTION OF
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(Name) (Street Address)  3. The name and address of at least one member or manager of the limited liability company:  Name  Spencer M Larsen  530 N 850 W Blackfoot  530 N 850 W Blackfoot  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Signature	Spancer	r M Larsen	530 N 850 W Blackfoot	ID ·
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5. Mailing address for future correspondence (annual report notices):  530 N 850 W Blackfoot ID 83221  6. Future effective date of filing (optional):  Signature of a manager, member or authorized lerson.  Signature Signature Larsen  Signature IDAHO SECRETARY OF STATE 44/16/2012 05:	Spence	r M Larsen	530 N 850 W Blackfoot	
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yped Name: 04/16/2012 05:	Signature_			IDAHO SECRETARY OF STATE
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