

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2011 SEP 30 PM 4: 05

CE TOP	(Instructions on ba	ack of application)		
1. The n	ame of the limited liability	company is:	SEUNCIARY OF JIATE STATE OF IDAHO	
	Cler	nent Lewisville Property, L	TC	
∠. ine c	ne complete street and mailing addresses of the initial designated/principal oπice;			
	S. Holmes Ave.			
	t Address)			
	p Falls, ID 83401 g Address, if different than street address	(22		
•	The name and complete street address of the registered agent:			
Scott	P. Eskelson	425 S. Holmes Avenue, Idaho Falls, ID 83401		
(Name		(Street Address)	(Street Address)	
	The name and address of at least one member or manager of the limited liability			
_	Name	<u>Address</u>		
Ryan	Ryan C. Clement P. O		P. O. Box 2831, Idaho Falls, ID 83403	
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5. Mailir	ng address for future corres	pondence (annual rep	oort notices):	
P. O.	. Box 2831, Idaho Falls, ID 8340)3		
6. Futur	e effective date of filing (op	itional):		
Signature	e of a manager, member	or authorized		
person.	lous /		Secretary of State use only	
Signature	Suff Mile	HOM		
	ame: Scott P. Eskelson, Organ	izer		
rypeu Ma	IIIIG. Doct. I London J James			
Clander			IDAHO SECRETARY OF STATE 09/30/2011 05:00	
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