

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 FEB 25 AM 9: 28

(Instructions on back of application)

| 4 | The name of the limited lightlift and | STATE OF IDAHO | |
|-------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Ί. | The name of the limited liability com | ri de la companya de La companya de la co | |
| | The KG Smit | th Family Properties, LLC | |
| 2. | The complete street and mailing add | dresses of the initial designated/principal office: | |
| | 199 North Capitol Bou | ulevard, Suite 600, Boise, Idaho, 83702 | |
| | (Street Address) | 142, Stanley, Idaho, 83278 | |
| | (Mailing Address, if different than street address) | 142, Staffley, Idailo, 05270 | |
| 3. | | ess of the registered agent: | |
| | Kenneth G. Smith | 199 N CAPITOL BLVD STE 600 BOISE ID 8 | 3702 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least or company: Name | ne member or manager of the limited liability Address | |
| | Kenneth G. Smith | P.O. Box 142, Stanley, Idaho, 83278 | |
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| 5. | Mailing address for future correspon | · | |
| | P.O. Box | 142, Stanley, Idaho, 83278 | |
| | | | |
| 6. | Future effective date of filing (option | al): | |
| | | · · | |
| Sig | nature of organizer(s). (An organizer is a | member, or is | |
| actir | ng in behalf of a member or members). | Secretary of State use only | |
| | | Secretary of State use only | |
| | nature | | |
| Тур | ped Name: Kepneth G. Smith, Mana | ager (원 등 원 등 원 등 원 등 원 등 원 등 원 등 원 등 원 등 원 | |
| | | IANHO SECRETARY OF STAT | E |
| Sig | nature | ager INAHO SECRETARY OF STATE | 99674 |
| Тур | ed Name: | | LLC # 2 |
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