

CERTIFICATE OF ORGANIZATION 14 FEB 24 AM 10: 12 LIMITED LIABILITY COMPANY SECRETARY STATE

100	(Instructions on t	pack of application)	STREET PLED
1. The nam	e of the limited liability	company is:	
	Properties, LLC	, ,	
2. The company Section 829 Caim	plete street and mailing Dr., Nampa, ID 83651	addresses of the initial de	signated office:
(Street Addr Same	938)	. 1	
	ress, if different than street addre	96)	More than the second which have the second of the second o
3. The name	e and complete street a	address of the registered aç	gent:
Mitch Mc(Clellan	829 Caim Dr., Nampa, ID	83651
(dame)		(Street Address)	
4. The name company:	and address of at leas	st one member or manager	of the limited liability
Mitch McC	Name		ddress
TANGET MICC	MANIATI	829 Caim Dr., Nampa, ID	83651
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. Mailing ad 829 Cairn I	dress for future corresp Dr., Nampa, ID 83651	pondence (annual report no	otices):
i. Future effe	ective date of filing (opti	onal):	
ignature of a	a manager, member	or authorized	
1	1. Wa MI		Secretary of State use only
gnature	the Mieller		
/ped Name:	Mitch McClellan		
gnature			
ped Name:		<u> </u>	IDAHO SECRETARY OF 02/24/2014
			CK: 1556 CT: 247A19 RH

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