



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 26 AM 9:01

(Instructions on back	of application)	SFOOT: N
name of the limited liability con	npany is:	SECRE ARY OF STA TE STATE OF IDAHO
P & E	3 PROPERTIES, LLC.	1.0/11/0
		ignated/principal office:
t Address) BOX 285, TWIN FALLS, ID 83303		
ng Address, if different than street address)		
name and complete street addr	ress of the registered ag	ent:
LEVE BUTTARS	3204 KIIMBERLY RD E, T	WIN FALLS, ID 83301
e)	(Street Address)	
oany: <u>Name</u>	A	<u>ddress</u>
LEVE BUTTARS	3204 KIMBERLY RD E, T	WIN FALLS, ID 83301
E PALMER	1189 N. 7TH E., SUGAR (CITY, ID 83448
•	ndence (annual report no	otices):
	complete street and mailing additional KIMBERLY RD E, TWIN FALLS, ID to Address) BOX 285, TWIN FALLS, ID 83303 Ing Address, if different than street address) In ame and complete street address In ame and address of at least or any: Name LEVE BUTTARS E PALMER	Ang Address, if different than street address of the registered ago ago and complete street address of the registered ago ago ago and address of at least one member or manager any: Name LEVE BUTTARS A 2204 KIIMBERLY RD E, T (Street Address) Name A 2204 KIMBERLY RD E, T (Street Address) Name A 2204 KIMBERLY RD E, T (Street Address) A 2204 KIMBERLY RD E, T (Street Address) A 2204 KIMBERLY RD E, T (Street Address)

person.

Signature

Typed Name: R. CLEVE BUTTARS

Signature___

Typed Name: ____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/26/2010 05:00

CK: 1087 CT: 249890 BH: 1232084
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