

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

(Instructions on back of application)

2012 FEB 29 AM 9: 17

Green Tree Root Oasis LLC  STATE OF  2. The complete street and mailing addresses of the initial designated office: 2619 Colfax Dr. Caldwell, Id. 83607 (Street Address)  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  Patrick McLane  2619 Colfax Dr. Caldwell Id. 83607 (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited lia company:  Name  Address  Patrick McLane  2619 Colfax Dr. Caldwell, Id. 83607	OF STATE
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(Mailing Address, if different then street address)  3. The name and complete street address of the registered agent:  Patrick McLane (Name)  2619 Colfax Dr. Caldwell Id. 83607 (Street Address)  4. The name and address of at least one member or manager of the limited lia company:  Name  Address	
The name and complete street address of the registered agent:    Patrick McLane	<del></del>
Patrick McLane (Name)  2619 Colfax Dr. Caldwell Id. 83607 (Street Address)  4. The name and address of at least one member or manager of the limited lia company:  Name  Address	
(Street Address)  4. The name and address of at least one member or manager of the limited lia company:      Name  Address	
The name and address of at least one member or manager of the limited lia company:      Name  Address	
company: Name Address	
	bility
Patrick McLane 2619 Colfax Dr. Caldwell, ld. 83607	
5. Mailing address for future correspondence (annual report notices):	
2619 Colfax Dr. Caldwell, Id. 83607	
	<u> </u>
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.  Secretary of State use	only
Signature 7. MUMMI	- •
Typed Name: Patrick McLane	
Types Ivame.	
Signature	
Typed Name: IDAHO SECRETO	
CK: 1832 CT: 2675	

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