



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 17 AM 9:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Foster Silver Springs, LLC

2. The complete street and mailing addresses of the initial designated office:

400 Market Street Ririe, ID 83443

(Street Address)

PO Box 626 Ririe, ID 83443

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Boyd S Foster

(Name)

400 Market Street Ririe, ID 83443

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Boyd S Foster

400 Market Street Ririe, ID 83443

Laurie Foster

400 Market Street Ririe, ID 83443

5. Mailing address for future correspondence (annual report notices):

PO Box 626 Ririe, ID 83443

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Boyd S Foster

Typed Name: Boyd S Foster

Signature Laurie Foster

Typed Name: Laurie Foster

Secretary of State use only

IDAHO SECRETARY OF STATE
12/18/2012 05:00
CK: 1050 CT: 277310 RH: 1351750
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