

Signature_

Typed Name:

CERTIFICATE OF ORGANIZATION OBDECTOR

	(Instructions on back of	"ME OF	- IT STATE
The name of the	he limited liability comp	f application) SEC_{RETAR} any is:	"OHAD"
	Haller Re	eal Estate Sales, LLC	
The complete s	street and mailing addre	esses of the initial designated/prin	cipal office:
(Chron Address)	5698 N Colli	ister Dr, Boise, ID 83703	
(Street Address)			
(Mailing Address, if d	different than street address)		
The name and	complete street addres	s of the registered agent:	
\\Afillis	am Haller	5698 N Collister Dr, Boise, ID	83703
(Name)		(Street Address)	
The name and company:	address of at least one	member or manager of the limite	ed liability
veriponty.	Name	Address	÷
Will	liam Haller	5698 N Collister Dr, Boise, ID	83703
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Mailing address	s for future corresponde	ance (annual report notices).	
Mailing address		ence (annual report notices): ister Dr. Boise, ID 83703	
Mailing address			
		ister Dr, Boise, ID 83703	
	5698 N Colli	ister Dr, Boise, ID 83703	
Future effective	5698 N Colli	ister Dr. Boise, ID 83703	
Future effective	5698 N Colli e date of filing (optional)	ister Dr, Boise, ID 83703): ember, or is	Me use only
Future effective	5698 N Colli e date of filing (optional) zer(s). (An organizer is a mo	ister Dr. Boise, ID 83703	nte use only

IDANO SECRETARY OF STATE

12/10/2008 05:00

CK: 1988 CT: 26194 BH: 1147688
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