

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

251	The name Reverie Fa	LIMITED L Title 30, Chapters Filing fee: \$100 ty Complete and sub of the limited lia arm LLC	ATE OF ORGANIALIABILITY COMPASS 21 and 25, Idaho Code sped, \$120 not typed smit the application in duplicate ability company is:	ANY SEAL MID. 33	
2.	(Remember to include the words "Limited Liability Company." "Limited Company." or the abbreviations L.L.C., LLC. or LC) The complete street and mailing addresses of the principal office is: 1240 Orchard Loop Rd. Troy, ID 83871 (Street Address)				
3.	The name	Mailing Address. if different) The name and complete street address of the registered agent: Karen Chojnacki 1240 Orchard Loop Rd. Troy, ID 83871			
4.	(Name) (Address) The name and address of at least one governor of the limited liability company: Karen Chojnacki 1240 Orchard Loop Rd. Troy, ID \$381 (Name)				
	(Name)		(Address) (Address)		
	(Name) (Address) (Name) (Address)				
5.	Mailing address for future correspondence (annual report notices): 1240 Orchard Loop Rd. Troy, ID 83871 (Address)				
_	ature of org	• /		Secretary of State use only	
Printed Name: Karen Chojnacki Signature:				IDAHO SECRETARY OF STATE 11/02/2015 05:00 CK:1892 CT:316288 BH:1498680 16 180 00 = 100 00 ORGAN LLC #2	

Printed Name:

Signature:

Rev. 08/2015

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