



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 SEP 10 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cragside Rentals, L.L.C.

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

18453 S. Cloverdale Rd, Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Craig Wheeler

(Name)

18453 S. Cloverdale Rd, Kuna, ID 83634

(Street Address)

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

Name

Address

Katie Wheeler

18453 S. Cloverdale Rd, Kuna, ID 83634

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

18453 S. Cloverdale Rd, Kuna, ID 83634

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Craig L. Wheeler

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
09/10/2015 05:00
CK:2430 CT:314434 BH:1491741
1@ 100.00 = 100.00 ORGAN LLC #2

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