## FILED EFFECTIVE

251



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

( LIN	NITED LIABIL	LITY COMPA	NY 2	1814 NOV -7	PM 4: 1L	
(Instructions on back of applications)				SECRETARY OF SI STATE OF IDAH		
1. The name of	the limited liability	company is:		STATE OF	DAHO"E	
BVMH Proper	ties, LLC	·				
	e street and mailing		itial designa	ited office:		
(Street Address)	Drive, Suite 201, Idaho	Falls, ID 83402				
PO Box 5129	8, Idaho Falls, ID 83405					
	if different than street address			· ·		
3. The name an	id complete street a	ddress of the regist	ered agent:			
Thel W. Casp	Thel W. Casper		901 Pier View Drive, Suite 201, Idaho Falls, ID 83402			
(Name)		(Street Address)				
4. The name an company:	d address of at leas	t one member or m	anager of th Addres		bility	
BV Managem	ent Services, Inc.	PO Box 51157, lo	daho Falls, ID	83405		
Mario Hernandez		810 W Riverview	810 W Riverview Dr, Idaho Falls, (D 83401			
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5. Mailing addre	ss for future corresp	ondence (annual re	eport notice	s):		
PO Box 51298	3, Idaho Falls, ID 83405					
C Fasting offs at	us data of fills a faul	·				
o. Futble ellecti	ve date of filing (opti	onal):				
Signature of a n	nanager, member	ar authorised				
person.	namager, member	or authorized				
	100		Secr	etary of State use	only	
SignatureTh	el Wi Capper Occapion		702	.Ko secretai	N VE GWI	
ryped Name:	e) W/Casper, Organizer			/10/201		
Signature			CK: PREPA	ID CT:167	590 BH:	
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TANA HAUTO	<del></del>				~ ^	

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