

Typed Name:

CERTIFICATE OF ORGANIZATION ILED EFFECTIVE

E	(Instructions on bac	ck of application	n)	OF STATE	
1.	The name of the limited liability co	ompany is:		SECRL BY OF STATE STATE OF IDAHO	
	Croft R	eal Estate Investr	nents, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 3232 East Lava Lane Kuna, ID 83634 (Street Address)				
	(Mailing Address, if different than street address)				
3.					
	The name and complete street address of the registered agent:				
	Tamara Croft 3232 East Lava Lane Kuna, ID 83634				
	(Name)	(Street Address)		
4.	The name and address of at least company:	one member o	r manager of the	limited liability	
•	<u>Name</u>	. '	Address		
	Tamara Croft	3232 East La	va Lane Kuna, ID 8	3634	
		_			
		_			
		···			
5.	Mailing address for future correspondence 3232 East Lava Lane Kuna, ID 83634	ondence (annu	al report notices)):	
6.	Future effective date of filing (option	onal):			
_	nature of a manager, member o	or authorized			
	nature <u>Almana Cu</u>	<i>lo</i>	Secret	ary of State use only	
Тур	ed Name: Tamara Croft	<u> </u>			
Sia	nature		60	IDAHO SECRETARY OF STATE	

02/18/2011 05:00 CK: 6381 CT: 255649 BH: 1266675 1 0 100.00 = 100.00 ORGAN LLC 0 2 W100682

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