

CERTIFICATE OF ORGANIZATION

FILED EFFECTIVE

	LIMITED LIABILI	I Y COMPANY	21
	(Instructions on bac	k of application)	SECRETARY OF STATE STATE OF IDAHO
1. The r	name of the limited liability co	ompany is:	STATE OF ITSTATE
Mitcl	nell Family Properties, LLC		
150 (Stree	complete street and mailing ad Hyndman View Drive t Address) ey, Idaho 83333	ddresses of the initial des	ignated office:
	ng Address, if different than street address)		
3. The r	The name and complete street address of the registered agent:		
Rob	ert L. Mitchell	150 Hyndman View Drive,	Hailey, Idaho 83333
(Nam	e)	(Street Address)	
4. The r	name and address of at least pany:	one member or manager	of the limited liability
ъ.	Name		ddress
<u> </u>	ert L. Mitchell	150 Hyndman View Drive, Hailey, Idaho 83333	
	ng address for future correspo Hyndman View Drive, Hailey, Idaho	· · · · ·	otices):
6. Futur	re effective date of filing (option	onal):	
	e of a manager, member o	or authorized	
person. Signature Typed Na		n—	Secretary of State use only
rypeu M			IDAHO SECRETARY OF STATE
Signature			06/21/2013 05:00

06/21/2013 05:00 CK: 9134 CT: 190162 BH: 1379024 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

Typed Name: _____