



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 22 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Street Properties, LLC

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

301 D Street, Suite C, Lewiston ID 83501

(Street Address)

P. O. Box 499, Lewiston ID 83501

(Mailing Address, if different than street address)

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

Brian J. Schmidt

(Name)

303 D Street, Suite C, Lewiston ID 83501

(Street Address)

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

Name

Brian J. Schmidt

Address

P. O. Box 499, Lewiston ID 83501

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

P. O. Box 499, Lewiston ID 83501

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Brian J. Schmidt

Typed Name: Brian J. Schmidt

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/22/2010 05:00
CK: 1125 CT: 1116 BH: 1214007
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