

CERTIFICATE OF ORGANIZATION FILED E FILED EFFECTIVE

	(Instru	ctions on back	c of application)	SECRETARY	
1.	The name of the limit	ted liability cor	mpany is:	SECRETARY OF STATE STATE OF IDAHO	
	Montaho Properties LLC	\$			
2.	The complete street and mailing addresses of the initial designated office:				
	113 Main Street; Sandpoint, ID 83864				
	(Street Address) 217 Cedar Street PMB 2	28; Sandpoint, II	D 83864		
	(Mailing Address, if different than street address)				
3.	The name and compl	ete street add	ress of the regist	ered agent:	
	Jamle Neisen		113 Main Street;	Sandpoint, ID 83864	
	(Name)		(Street Address)		
4.	The name and address company.		one member or m	anager of the limited liability	
	Jamie Neisen		113 Main Street; Sandpoint, ID 83864		
		1			
5.	Mailing address for fu 217 Cedar Street PMB	1 1		eport notices):	
6.	Future effective date	of filing (option	nal):		
_	nature of a manage	, member or	authorized		
•	$\Delta $.	01		Secretary of State use only	
Sig	nature JMM	EMMI			
ı yp	ped Name: Jamie Nelse	-		IDAHO SECRETARY OF STATE	
جنہ	natura		ļ	08/26/2014 05:00	
သျပျ	nature	 _		CK:2167918 CT:172099 BH:14	

Typed Name: _

16 100.00 = 100.00 ORGAN LLC #2

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9/21/2012

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