



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 28 PM 4:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gables Holdings, LLC

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

300 NW 16th Street, Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Reed Dame

(Name)

300 NW 16th Street, Fruitland, ID 83619

(Street Address)

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

Name	Address
Reed Dame	300 NW 16th Street, Fruitland, ID 83619

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

300 NW 16th Street, Fruitland, ID 83619

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Reed Dame

Typed Name: Reed Dame

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/28/2013 05:00
CK: 1416343 CT: 172099 BH: 1375630
1 @ 100.00 = 100.00 ORGAN LLC # 2

W125751