

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JEN 18 PM 12: 27

SECH BY OF STATE

The name of the limited liability company is:		STATE OF IDAHU	
	GOODHILL, L.L.C.		
2. The complete street and ma 1639 E. Northwood Dr., Hayder (Street Address)	=	al designated/principal office:	
(Mailing Address, if different than stree	t address)		
3. The name and complete str	eet address of the register	ed agent:	
M. SIMONE SAVAGE	1639 E. Northwood (Street Address)	1639 E. Northwood Dr., Hayden Lake, ID 83835 (Street Address)	
The name and address of a company:	at least one member or mar	nager of the limited liability	
<u>Name</u>		Address	
M. SIMONE SAVAGE	1639 E. Northwood	1639 E. Northwood Dr., Hayden Lake, ID 83835	
5. Mailing address for future of 1639 E. Northwood Dr., Hayder		ort notices):	
6. Future effective date of filin	g (optional):		
Signature of a manager, mer person.	mber or authorized		
Signature Michael E. Barren		Secretary of State use only	
Typed Name: Michael E. Reagan			
Signature		IDAHO SECRETARY OF STATE 91/18/2011 95:90 CK: 51586 CT: 182796 BH: 1255872 1 # 188.08 = 188.88 ORGAN LLC # 2	

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Typed Name: _____

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