

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANYS OCT 10 PM 3: 06

(Instructions on back of application)

SECRETARY OF STATE

| The name of the limited liability compa | iny is: STATE OF IDAHO |
|---|--|
| SL Fliys i | Realty - Louise, LLC |
| 2. The complete street and mailing addre | sses of the initial designated/principal office: |
| · | nnock; Boise, ID 83712 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| . The name and complete street address | of the registered agent: |
| Jeff Taylor | 190 East Bannock; Boise, ID 83712 |
| (Name) | Street Address) |
| . The name and address of at least one company: | member or manager of the limited liability |
| Name | Address |
| Jeff Taylor | 190 East Bannock; Boise, ID 83712 |
| - | |
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| | nce (annual report notices): nnock; Bolse, ID 83712 |
| 190 East Bar | nnock; Bolse, ID 83712 |
| 190 East Bar | nnock; Bolse, ID 83712 |
| 190 East Bar 6. Future effective date of filing (optional) | nnock; Bolse, ID 83712 |
| 190 East Bar 5. Future effective date of filing (optional) ignature of organizer(s). (An organizer is a me | ember, or is |
| 190 East Bar 5. Future effective date of filing (optional) ignature of organizer(s). (An organizer is a me cting in behalf of a member or members). | ember, or is Secretary of State use only |
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