



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 NOV -1 AM 8:55

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Mortgage, LLC

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

2375 S Cobalt Point Way, Suite 201, Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Gail Taylor

(Name)

3501 Riva Ridge Way, Boise, ID 83709

(Street Address)

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

Name	Address
Gail Taylor	3501 Riva Ridge Way, Boise, ID 83709

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

2375 S Cobalt Point Way, Suite 201, Meridian, ID 83642

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

Signature of a manager, member or authorized person.

Signature *Gail Taylor*
Typed Name: Gail Taylor, Member

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2010 05:00
CK: 4342 CT: 142024 BH: 1245300
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