



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 OCT 27 AM 9:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sunset Butte, LLC

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

3219 E 3600 N Kimberly, Id 83341
(Street Address)

(Mailing Address, if different than street address)

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

Robin D. Wells
(Name)

3219 E 3600 N; Kimberly, Id 83341
(Street Address)

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

Name	Address
<u>Robin D. Wells</u>	<u>3219 E 3600 N; Kimberly, Id 83341</u>
<u>Vivian R. Wells</u>	<u>(same as Robin)</u>
<u>F. David Wells</u>	<u>237 Robbins Rd; Rindge, NH</u>
<u>Georgia C. Wells</u>	<u>(same as David) 03461</u>

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

Sunset Butte, LLC 3219 E 3600 N; Kimberly, Id 83341

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

Signature of a manager, member or authorized person.

Signature Vivian R. Wells
Typed Name: Vivian R. Wells

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/27/2014 05:00
CK:123 CT:302606 BH:1446930
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