

Signature_

Typed Name: Steve Weeks

Typed Name: ____

Signature _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 MAY -6 AM 8: 36

	(Instructions on back	of application	1)	cs.	OF STATE OF IDAHO
1. The	e name of the limited liability com	pany is:		SIAL	OF WATU
	Ti	aron Condos Ll			
9	e complete street and mailing add 175 W. State Street, Boise, Idaho 83714 treet Address)		initial designa	ited/princ	ipal office:
(M	lailing Address, if different than street address)				
3. The	e name and complete street addre	ess of the reg	istered agent:		
C	had Moffat	9175 W. State	Street, Boise, Ida	aho 83714	ļ
(N	ame)	(Street Address)		·	
	The name and address of at least one member or manager of the limited liability company:				
01	<u>Name</u> had Moffat	0475 181 01-1-	Addres Street, Boise, Ida		
- -					
	Mailing address for future correspondence (annual report notices): 9175 W. State Street, Boise, Idaho 83714				
6. Fut	ture effective date of filing (optiona	al):			
Signati person.	ure of a manager, member or	authorized			
			Secr	etary of State	use only

IDAHO SECRETARY OF STATE 95/96/2011 95:99 CK: 5877 CT: 192242 BH: 1272542 1 8 188.88 = 188.88 ORGAN LLC # 2

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