

CERTIFICATE OF ORGANIZATION Click here to clear form. LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -5 AM 9: 14

| 1. | The name of the limited liability company is: | | SEGRETAGE OF STATE STATE OF IDAHO |
|---|--|------------------|---|
| | GILMARTIN PROPERTY, LLC | | SIAIE OF IDATIO |
| 2. | The complete street and mailing addresses of the initial designated office: | | |
| | 159 S. Cedar, Spokane, WA 99201 | | |
| | (Street Address) | | |
| | (Malling Address, if different than street address) | | |
| 3. | . The name and complete street address of the registered agent: | | |
| | James F. Topliff (Name) | 1424 E. Shern | nan Ave., Ste 300, Coeur d'Alene, ID 83814 |
| | , and a second s | (Outsit riddiosi | 7 |
| 4. | The name and address of at least or company: | ne member o | or manager of the limited liability |
| | <u>Name</u> | | Address |
| | Earl J. Gilmartin, III, Manager | 218 S. Birch | Street, Jerome, ID 83338 |
| , | | | |
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| 5. Mailing address for future correspondence (annual report notices): | | | |
| | James F. Topliff, 818 W. Riverside Ave., Suite 250, Spokane, WA 99201 | | |
| | James I, Tophin, oro W. Hivolinge / Lvo., ou | ate 250, opokur | 5, 172 77201 |
| 6. | Future effective date of filing (optional | al): | |
| | (0) | | |
| _ | nature of a manager, member or son. | authorized | |
| • | // | | Secretary of State use only |
| Sigi | nature En Homes = | 1/1 | |
| Typed Name: Earl J. Cilmartin, III | | | |
| <i>,</i> - | | | |
| Sia | nature | | |
| Typed Name: | | | IDANO SECRETARY OF STATE |
| - , P | | | 10/05/2012 05:00 CK: 22836 CT: 42249 BH: 1342671 |
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9/21/2012