

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| LIVITED LIAB   | ILITY COMPAN                          | 2014 OCT 21 PM 3: 19                      |  |
|--|---------------------------------------|---|--|
| (Instructions on   | (Instructions on back of application) |   |  |
| 1. The name of the limited liabilit  | y company is:                         | SECRETARY OF STATE<br>STATE OF IDAHO      |  |
| DIXIE DOWNS TWO LLC  |                                       |   |  |
| 2. The complete street and mailir<br>1760 N MITCHELL ST, BOISE, ID<br>(Street Address) | *                                     | designated office:                        |  |
| (Mailing Address, if different than street add   | ress)                                 |   |  |
| <ol><li>The name and complete street</li></ol>   | address of the registered             | d agent:                                  |  |
| DONALD M LIDSTROM  | 1760 N MITCHELL S                     | T, BOISE, ID 83704                        |  |
| (Name)   | (Street Address)                      |   |  |
| The name and address of at le<br>company:  | ast one member or mana                | ,   |  |
| <u>Name</u><br>MARK D KNOWLES  | 11944 W PATRINA D                     | Address<br>DR. BOISE, ID 83713            |  |
| GINA E KNOWLES   |                                       | 11944 W PATRINA DR, BOISE, ID 83713       |  |
|  |                                       | ,   |  |
| <u> </u>   |                                       |   |  |
|  |                                       |   |  |
|  |                                       |   |  |
|  |                                       |   |  |
| 5. Mailing address for future corre  | espondence (annual repo               | ert notices):                             |  |
| 1760 N MITCHELL ST, BOISE, ID  | 83704                                 |   |  |
| 6. Future effective date of filing (c  | ontional):                            |   |  |
| o. I diale enective date of filling (t   | phional).                             |   |  |
| Signature of a manager, memberson.   | er or authorized                      |   |  |
|  |                                       | Secretary of State use only               |  |
| Signature SawWind Strom  |                                       | IDAHO SECRETARY OF STATE 10/21/2014 05:00 |  |
| Typed Name: DONALD M LIDSTRON  | · · · · · · · · · · · · · · · · · · · | CK:1241 CT:286898 BH:144612               |  |
| Signature  |                                       | 100.00 = 100.00 ORGAN LLC                 |  |
| Typed Name:  |                                       |   |  |

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