

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

1 TO 1	(Instructions on back of application)		12 JAN -3 PM 2: 33	
The name of the limited liability (		, ,	STATE OF STATE	
o nan	minou nability	HFLH2, LLC	2 IMPE OF IDMIN	
	plete street and mailing hore Drive, Suite 140 Eagle		al designated office:	
(Street Add P. O. Bo				
	ne and complete street a	•	ed agent:	
Gary W.	Howard	2341 E. Meadowgra	ss Street, Meridian, ID 83646	
. The nam	ne and address of at leas	st one member or man	ager of the limited liability	
company			Address	
Name Gary W. Howard		2341 E. Meadowgra	2341 E. Meadowgrass Street, Meridian, ID 83646	
Nancy L. Howard			2341 E. Meadowgrass Street, Meridian, ID 83646	
_	iddress for future corres	•	ort notices):	
462 E. SI	hore Drive, Suite 140, Eagle,	, ID 83616		
. Future e	ffective date of filing (op	tional):		
	_			
	f a manager, member	or authorized		
	/ 1		•	
erson.	Janus Hoi	ward	Secretary of State use only	
erson. Signature	ANY HOUR	ward	Secretary of State use only  IDAHO SECRETARY OF STATE	

W109485

Typed Name: