

FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 JUL 29 AM 11: 33

10	(Instructions on back	k of application)	SECRETARY OF STATE
1. The name of	of the limited liability co	mpany is:	STATE OF IDAHO
COM	AN Homes of	Idaho L	<i>LC</i>
			designated/principal office:
			I. Id. 83702
(Change 6 Address)	s) X 1868 Box se if different then street address)		
(Mailing Addres	ss, if different than street address)		
3. The name a	and complete street add	lress of the registered	d agent:
(Name)	C. COMAN	1282 Brad (Street Address)	mill Rd. Boist 83702
4. The name a	and address of at least o	one member or mana	nger of the limited liability
1 0	<u>Name</u>	•	Address
Greg C.	COMAN	1282 BrAE	mill Rd. Boist 83702
	 		
-			
5 Mailing ado	iress for future correspo	ndence (annual repo	ort notices):
	1868 Buis		
,			
6. Future effe	ctive date of filing (option	nal):	
Cimpeture of a		- authorizad	
person.	a manager, member o	r authorized	
			Secretary of State use only
Signature /	GREG C. COM	4~	
i ypeu ivanie.	MAC C. LOM	- 11	
Signature	****		IDAHO SECRETARY OF STATE 07/29/2010 05:00
Typed Name:			CK: CASH CT: 250006 BH: 1232693

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