

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB 21 AM 9: 17

CEODETARY OF STATE

1. The name of the limited liab	
R&S Property Management LLC	
2. The complete street and main 12344 S River Rd, Cataldo, ID 83 (Street Address)	ling addresses of the initial designated office:
(Mailing Address, if different than street a	address)
3. The name and complete stre	et address of the registered agent:
Ida J Rowe	108 N 8th St, St Maries, Idaho 83861
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Ida J Rowe	12344 S River Rd, Cataldo, ID 83810
5. Mailing address for future co	rrespondence (annual report notices): o 83810
6. Future effective date of filing	(optional):
Signature of a manager, memperson. Signature	Secretary of State use only
Typed Name: Ida J Rowe	
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IDAHO SECRETARY OF STATE

22/21/2014 05:00

CX: 1956 CT: 286425 BH: 1411647
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Signature

Typed Name: _____