

251

FILED EFFECTIVE

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

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Teton Plaza II LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2058 Overland Ave, Burley, ID 83318

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Garald E. Price

2058 Overland Ave. Burley, ID 83318

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Bob Roberts

2292 Candleridge East Circle, Twin Falls, ID 83301

5. Mailing address for future correspondence (annual report notices):

2058 Overland Ave. Burley, ID 83318

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Garald E. Price

Secretary of State use only

Signature

Typed Name: _____

IDAHo SECRETARY OF STATE
06/03/2011 05:00
CK: 695114 CT: 172099 BH: 1276534
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