

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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|           | (IIISU QCQOIIS OIL  | pack of application                           |   |  |
|-----------|---|---|---|--|
| 1.        | The name of the limited liability company is: Kinderdijk Properties LLC                               |   | SECRETARY OF STATE<br>STATE OF IDAHO  |  |
| 2.        | The complete street and mailing addresses of the initial designated office: 401 Maple Drive           |   |   |  |
|           | (Street Address)<br>Rexburg, ID 83440   |   |   |  |
|           | (Mailing Address, if different than street address)   |   |   |  |
| 3.        | The name and complete street address of the registered agent:   |   |   |  |
|           | Steven H. Lofgran   | 401 Maple Drive, Rexburg, ID 83440            |   |  |
|           | (Name)  | (Street Address)                              |   |  |
| 4.        | The name and address of at least one member or manager of the limited liability company:              |   |   |  |
|           | Name<br>Steven H. Lofgran   | Address<br>401 Maple Drive, Rexburg, ID 83440 |   |  |
|           |   |   |   |  |
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|           |   |   |   |  |
|           |   |   |   |  |
| 5.        | Mailing address for future correspondence (annual report notices): 401 Maple Drive, Rexburg, ID 83440 |   |   |  |
| 6.        | Future effective date of filing (optional):   |   |   |  |
| Sig:      | nature of a manager, member   | or authorized                                 |   |  |
|           | nature Lindsay M. Lafe  | th own  | Secretary of State use only   |  |
| _         | 11 1 44 1 2 17 17   | nev   |   |  |
| ıyp       | ed Name: Lindsay M. Lofgran, Atter  |   | IDANO SECRETARY OF STATE 04/20/2015 05:00                                   |  |
| Signature |   |   | CK:2764380 CT:172099 BH:147   |  |
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CK:2764380 CT:172099 BH:1471616

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