

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

| | (Instructions on bac | | 2014 APR -8 AM 10: |
|-----|--|---------------------|------------------------------------|
| 1. | The name of the limited liability co | mpany is: | SECRETARY OF STA STATE OF IDAHO |
| | 4727 Reeves, LLC | , , | |
| 2. | The complete street and mailing at 4444 W Delaware Street, Spirit Lake, Id. (Street Address) | _ | office; |
| | (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Aleshia Cool 4444 W Delaware Street, Spirit Lak | | . ID 83869 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> Aleshia Cool | 4444 W Delaware Str | |
| | | | 83869 |
| 5. | Mailing address for future correspo 4444 W Delaware Street, Spirit Lake, ID | • | |
| 6. | Future effective date of filing (optio | nal): | |
| _ | nature of a manager, member o | | of State use only |
| | nature Alemia (sol | <u>/</u> | on come case only |
| Тур | ed Name: Aleshia Cool | | |
| Sig | nature | | |
| Тур | ed Name: | IDA | O SECRETARY OF STATE |

cert_org_ifs Rev. 07/2010

8/21/2012

04/08/2014 05:00 CK: 1796814 CT: 172099 BH: 1419150 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3