## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 DEC 28 PM 3: 03

SEUNE PART OF STATE

CE TO US	(Instructions o	n back of application)	STATE OF IDAHO
1. The na	me of the limited liabli	ity company is:	
		TKO Homes Balse, LLC	
	mplete street and mail	ing addresses of the initial in Falls, ID 83301	designated office;
(Street A	ddress)		
(Mailing	Address, if different then street ac	(tress)	
3. The nat	me and complete stres	t address of the registered	d agent:
O bboT	strom	585 Washington Stree	ot North, Twin Falls, ID 83301
(Name)		(Street Address)	
compan	Name Address		Address
Todd O	strom	585 Washington Street North, Twin Falls, ID 83301	
<del> </del>			
5. Mailing s	addraes for future corr	espondence (annual repor	d madianal.
		_	t notices);
DOD WAS	shington Street North, Twin	rails, ID 83307	
6 Eutora a	ffective date of filing (	antia manti	
o. rawse	meetive nate or mind (	pplionari):	
	f a manager, membe	er or authorized	
erson,	MAI		Secretary of State use only
Signature	Melle-		
-	; Todd Ostrom		
Jan Henre			
ionature		}	
yped Name	•		IDAHO SECRETARY OF STATE
Shor Henre	•		12/28/2611 65:6 CK: 663824 CT: 172899 BH: 138
			LK: 86J824 CT: 172899 RK: 138

9811\_org\_lic Roy, 07/2010

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