



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAR -4 PM 3:07**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Clarion Realty Services, LLC

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

5087 W. Banker Drive, Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Todd Ibe

(Name)

5087 W. Banker Drive, Boise, ID 83714

(Street Address)

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

**Name**

**Address**

Todd Ibe

5087 W. Banker Drive, Boise, ID 83714

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

5087 W. Banker Drive, Boise, ID 83714

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Todd Ibe

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/04/2015 05:00

CK:1008 CT:307227 BH:1464559

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