			FILED EFFE	
A A A A		FORGANIZATION	11 SEP 14 PM 4:38	
CT CT CT	(Instructions on b	ack of application)	STATE OF STATE	
1. The name of	the limited liability	company is:	STALE OF IDALLO	
	Silvers	shore Real Estate Manager, LLC		
2. The complete 701 N. Senora	-	addresses of the initial desig	gnated/principal office:	
(Street Address) Eagle, Idaho 8 (Mailing Address, if	3616 different than street addre	ss)		
		address of the registered age	nt:	
M. Drew Gordo	n	701 N. Senora Way, Eagle, (Street Address)	701 N. Senora Way, Eagle, Idaho 83616	
A The name are	laddaaa af at laa			
 The name and company: 	address of at leas	st one member or manager c	of the limited liability	
M. Drew Gordo	<u>Name</u> n	Ade 701 N. Senora Way, Eagle,	dress Idaho 83616	
		<u></u>		
<u></u>	<u> </u>			
-	ss for future corres Way, Eagle, Idaho 830	pondence (annual report not	ices):	
6. Future effectiv	e date of filing (op	tional): <u>N/A</u>		
Signature of a m	anager, member	or authorized		
person.	1/1/		Secretary of State use only	
Signature	Will	flet		
Typed Name: Brya	an W. Aydelotte, author	Krized person		
Signature			IDAHO SECRETARY OF STATE	
Typed Name:			CK: 1775 CT: 262235 BH: 129845	

cert_org_lic Rev. 07/2010

W 106.89 = 198.88 URGHN LLL