



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 SEP 23 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

4 HORSEMEN PROPERTIES, LLC

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

1655 1ST STREET, IDAHO FALLS, ID 83401-4305

(Street Address)

SAME

(Mailing Address, if different than street address)

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

ALMA J ARGYLE

(Name)

1655 1ST STREET, IDAHO FALLS, ID 83401-4305

(Street Address)

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


Name	Address
ALMA J ARGYLE	1655 1ST STREET, IDAHO FALLS, ID 83401-4305
TRAVIS J ARGYLE	1655 1ST STREET, IDAHO FALLS, ID 83401-4305
RYAN ANDERSON	1655 1ST STREET, IDAHO FALLS, ID 83401-4305
JEFF ANDERSON	1655 1ST STREET, IDAHO FALLS, ID 83401-4305

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

1655 1ST STREET, IDAHO FALLS, ID 83401-4305

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature 
Typed Name: ALMA J ARGYLE

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/23/2013 05:00
CK: 13579 CT: 67982 BH: 1391092
1 @ 100.00 = 100.00 ORGAN LLC # 2

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