

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 AUG 22 PM 12: 38

SECRETARY OF STATE STATE OF IDAHO

	(Instructions on ba	ck of application	n) STATE OF IDAM	
1.	The name of the limited liability of	ompany is:		
	Legacy Development, LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	9601West State Street, Ste. 205, Boise, ID 83714			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Grant Kolnes	9601 W. Sta	9601 W. State St., Ste. 205, Boise, ID 83714	
	(Name)	(Street Address	\$)	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	0004.141.04-	Address	
	Grant Kolnes	9601 W. Sia	9601 W. State St., Ste, 205, Boise, ID 83714	
)	
		•		
5.	Mailing address for future corresp 9601 West State Street, Ste. 205, Bois	*	ial report notices):	
	900 I West State Street, Ste. 205, Bois	e, ID 837 14		
ค	Future effective date of filing (opti-	onal).		
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Sia	nature of a manager, member of	or authorized	ļ	
	son.	0. 440,101,1204		
C:	nature William E - Wea	_	Secretary of State use only	
Sigi	ed Name: William E. Dean, Esq. Orga	enizer	IDAHO SECRETARY OF STATE	
тyp	eu Name.		08/22/2014 05:00	
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_	nature			
ТУP	ed Name:		W141445	

9/21/2012

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