



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 18 PM 12:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Garven Properties LLC

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

12365 Caribee Inlet Dr
(Street Address)

Star, ID 83669
(Mailing Address, if different than street address)

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

Bonnie Garven 12365 Caribee Inlet Dr.
(Name) (Street Address)
Star, ID. 83669

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

<u>Name</u>	<u>Address</u>
<u>Bonnie Garven</u>	<u>12365 Caribee Inlet Dr</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

12365 Caribee Inlet Dr. Star, ID 83669

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Bonnie Garven

Signature _____
Typed Name: _____

[Signature]
Secretary of State use only

IDAHO SECRETARY OF STATE
02/18/2015 05:00
CK:1882 CT:206036 BH:1462254
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