



**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 (Name) 12365 Caribee Inlet Dr. (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.

SG
Signature

Typed Name: Bonnie Garven

BG
Secretary of State use only

IDaho SECRETARY OF STATE

02/18/2015 05:00

CK:1882 CT:206036 BH:1462254
1@ 100.00 = 100.00 ORGAN LLC #2

Signature _____

Typed Name: _____

W147988