

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

09 OCT -7 AM 8: 35

(Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO The Community Bond 2. The complete street and mailing addresses of the initial designated/principal office: 3095 Cross Lane Idaho Falls, Idaho 83406 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 3095 Cross Lane Idaho Falls, Idaho 83406 William Brown (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address 3095 Cross Lane Idaho Falls, Idaho 83406 William Brown 5. Mailing address for future correspondence (annual report notices): 3095 Cross Lane Idaho Falls, Idaho 83406 Future effective date of filing (optional):
______ Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only Signature // William Brown Typed Name: ____ Signature Typed Name: _____

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