

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIV

2013 NOV 21 AM 8: 49

(Instructions on back of application)

₹6°	(Instructions on	back of application)	SEUNINERRATE
1. The na	ame of the limited liability company is:		SECHLER OF STATE  STATE OF STATE
Best	Life Homes, LLC		
2. The co	omplete street and mailin	g addresses of the initial de	signated office:
2754	A Rock Creek Road Hansen,	D 83334	
(Street	Address)		
(Mailin	Address, if different than street addr	ess)	
3. The n	ame and complete street	address of the registered a	gent:
Jeffre	y E. Rolig	195 River Vista Pl., Ste.	306 Twin Falls, ID 83303
(Name	)	(Street Address)	
4. The no		ast one member or manage	Address
Dusti	n B. Lapp	2754A Rock Creek Road	
			·
5 Mailin	a address for future corre	espondence (annual report	ootioes).
	g address for future corre River Vista Pl., Ste. 306 Twin I	• • •	iotices).
	<u></u>		
6. Future	e effective date of filing (o	ptional):	
•	of a manager, member	er or authorized	
person.	$\cap$ $O$	7	Secretary of State use only
Signature	Muy /	oh	
Typed Na	me: Jeffey E. Kolig		
Oinnet.	•		IDAHO SECRETARY OF STATE
Signature			11/21/2013 05:0 CK: 9972 CT: 142512 BH: 13989
Typed Na	me:		1 8 100 00 = 100 00 00000 11 C (

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