

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY SEP 26 AM 8: 56

4 4	(Instructions on back	or application)	OFORM	
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO	
	Brand	lt Idaho Properties, I	.LC	
2.	The complete street and mailing addresses of the initial designated/principal office:     60 East Simpson Ave., Box 2869, Jackson, WY 83001     (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Kathleen Spitzer	940 Edgewood Lane, P.O. Box 828, Victor, ID 83455		
	(Name)	(Street Address)		
4.	The name and address of at least o company:	ne member or m	anager of the limited liability	
	<u>Name</u>		<u>Address</u>	
	Onomea, LLC	60 East Simpson	Ave., Box 2869, Jackson, WY 83001	
5. Mailing address for future correspondence (annual report notices):				
c/o Kahala Associates, 4211 Waialae Ave., Ste 8090, Honolulu HI 96816			lu HI 96816	
6. Future effective date of filing (optional):				
_	nature of a manager member or son.	authorized		
•	nature Jopa for HS		Secretary of State use only	
Тур	ed Name: Lisa Shults, Organizer			
-	nature		IDANO SECRETARY OF STATE  99/26/2011 05:00  CK: 16145 CT: 197947 BH: 1291982 1 0 100.00 = 100.00 ORGAN LLC # 2	
т ур	ed Name:			

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