

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 JUN 22 AM 8:54

1.	The name of the limited liability company is:		SECRET -RY_OF STATE
	L and L P	roperty Management LLC	STATE OF IDAHO
2.	ne complete street and mailing addresses of the initial designated/principal office:		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kent L. Shelman Av., Pocatello,		Idaho 83201
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Address  Kent L. Shelman 1177 Holman Av., Pocatello, Idaho 83201		<del></del>
			Idaho 83201
5.	Mailing address for future correspon	dence (annual report noti	ces):
1177 Holman Av., Pocatello, Idaho 83201			
6.	Future effective date of filing (option	al): immediately	
_	nature of a manager, member or son.		Secretary of State use only
	nature <u>Funds Authority</u> ped Name: Kim B. Loveland-Attorney for C		
_	nature ped Name:		IDAHO SECRETARY OF STATE <b>96/22/2011 95:00</b> CK: 1295 CT: 81894 BH: 1279456

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