



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 JUN -9 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

4 Seasons Property Management, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

652 Maple St. Ashton, ID 83420

(Street Address)

PO Box 363 Ashton, ID 83420

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:

Justin Heiner

652 Maple St. Ashton, ID 83420

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Justin Heiner

652 Maple St. Ashton, ID 83420

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

PO Box 363 Ashton, ID 83420

(Address)

Signature of organizer(s).

Signature: Justin Heiner

Printed Name: Justin Heiner

Signature: _____

Secretary of State use only

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06/09/2016 05:00

CK:1250 CT:273374 BH:1532492

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