

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL -2 AM 8:23

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1.	The name of the limited liability com	npany is: STATE OF	Y, MATE	
	Southwind Management Co.,LLC	anne Of		
2.	The complete street and mailing addresses of the initial designated office: 422 1st street, Notus, idaho 83656			
	(Street Address) P.O. Box 206 Notus, Idaho 83656			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Randall Taylor	348 Elgin Ave. Notus, Idaho 83656		
	(Name)	(Street Address)		
4.	he name and address of at least one member or manager of the limited liability ompany:			
	<u>Name</u>	Address		
	Kimberly Hubbard	1390 Perigine Dr. Middleton, Idaho 83644		
			<u> </u>	
5.	5. Mailing address for future correspondence (annual report notices): P.O.Box 206 Notus, Idaho 83656			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or son.			
	nature Kimberly Hubbard	Secretary of State use only		

Signature__ Typed Name: Randall Taylor IDAHO SECRETARY OF STATE
07/02/2013 05:00
CK: 50858970758 CT: 284933 BH: 1380553
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