



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE
2015 AUG 11 AM 8:48**

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

~~████████████████████~~ Brushy Ridge LLC

2. The complete street and mailing addresses of the initial designated office:

1791 W Sugarberry St. Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Robin Rissell

(Name)

1791 W Sugarberry St Eagle, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Robin Rissell

Address

1791 W Sugarberry St. Eagle, ID 83616

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

1791 W Sugarberry St. Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Robin Rissell

Typed Name: Robin Rissell

Signature _____

Typed Name: _____

Secretary of State use only

IDAMO SECRETARY OF STATE

08/11/2015 05:00

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