



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
2016 SEP -2 AM 9:28

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ammon Place 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:

8995 N FINUCANE DR Hayden ID 83835

(Street address)

(Mailing address, if different)

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

LISA K TROXEL

8995 N FINUCANE DR Hayden ID 83835

(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:

LISA K TROXEL

8995 N FINUCANE DR Hayden ID 83835

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

8995 N FINUCANE DR Hayden ID 83835

(Address)

Signature of organizer(s).

Signature: Lisa K. Troxel

Printed Name: LISA K TROXEL

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/02/2016 05:00

CK:9393 CT:158744 BH:1544688

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