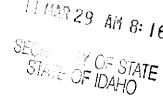


## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 MAR 29 AM 8: 16

(Instructions on back of application)



1. The name of the limited liability company is:		STATE OF IDAHO
Taylor & Ha	alverson Property	
2. The complete street and mailing ac 401 Gooding St N., Suite 201, Twin Fall		e initial designated/principal office:
(Street Address) PO Box 1293, Twin Falls, ID 83303-129 (Mailing Address, if different than street address)	3	
The name and complete street add	dress of the re	gistered agent:
John A Coleman (Name)	401 Gooding	St N., Suite 201, Twin Falls, ID 83303-129
The name and address of at least company:	·	
<u>Name</u>	<u>Address</u>	
Michael Taylor	PO Box 1293	3, Twin Falls, ID 83303-1293
Jason Halverson	PO Box 1293, Twin Falls, ID 83303-1293	
-		
5. Mailing address for future correspondence	ondence (annu	al report notices):
PO Box 1293, Twin Falls, ID 83303-129	3	
6. Future effective date of filing (option	nal):	
Signature of a manager, member o person.	r authorized	##
Signature A. Columnar Typed Name: John A Coleman	_	Secretary of State use only
Typed Name: John A Coleman		
Signature	1.00-11	IDAHO SECRETARY OF STATE  03/29/2011 05:00  CK: 15282 CT: 198212 BH: 1266564 1 8 100.00 = 100.00 ORGAN LLC # 2
Typed Name:		TOPIOD OVONIN FTE # 5

