CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

, FILED EFFECTIVE

10 AUG 17 AM 10: 56

₹	(instructions on ba	ck of application)	SECRETARY OF STAIL
1.	The name of the limited liability company is:		STATE OF IDAHO
	Source Real Manage / Property Management, LLC		
2.	The complete street and mailing a	addresses of the in	itial designated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Christian Rivera	842 W.arbor pointe way Nampa ID,83686	
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Chris Rivera	842 W. arbor Pointe way Nampa ID, 83686	
5.	Mailing address for future corresp	ondence (annual re	eport notices):
	842 W Arbor Pointe Way Nampa, ID 83686		
6.	Future effective date of filing (option	onal):	· · · · · · · · · · · · · · · · · · ·
Siar	nature of a manager, member of	or authorized	
pers			
O!	A A	/	Secretary of State use only
	nature		
тур	ed Name: Chris Rivera		IDAHO SECRETARY OF STATE 08/17/2010 05:00
Sigr	nature		1 0 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: