FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION

| LIMITED LIABILI  | TY COMPANY  | 2010 OCT 28 PM 1: 33                           |
|--|---|--|
| (instructions on back of application)  |   | SLURE FANT OF STATE<br>STATE OF IDAHO          |
| 1. The name of the limited liability co  | mpany is:   | •  |
|  | Dusty Hills, LLC  |  |
| 2. The complete street and mailing as  | ddresses of the initial desig                                   | nated/principal office:                        |
| 1749 East 400 North, St. Anthony, Idaho  | 83445   |  |
| (Street Address)   |   | ,  |
| (Malling Address, if different than street address)  |   | · · · · · · · · · · · · · · · · · · ·          |
| 3. The name and complete street add  | fress of the registered ager                                    | nt:  |
| Bleyne McArthur  | 124 East Main Street, Rexburg, Idaho 83440                      |  |
| (Name)   | (Street Address)  |  |
| <ol> <li>The name and address of at least of company:</li></ol>  | One member of manager of<br>Add<br>1749 East 400 North, St. Ant | Cess.  |
|  | 1749 East 400 North, St. Anthony, Idaho 83445                   |  |
| Peggy L. Hanks   | 1749 East 400 North, St. Am                                     | thony, Idaho 83445                             |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| <ul> <li>Mailing address for future correspo</li> <li>1749 East 400 North, St. Anthony, Idaho</li> </ul> | ` '   | ces):  |
| 1149 Cast 400 No. 11, Oc Allulotty, Name   |   |  |
| . Future effective date of filing (option  | nal):   |  |
|  |   |  |
| ignature of a manager, member o  | r authorized  |  |
| erson.   | S   | ecretary of State use only                     |
| gnature William Towl   |   |  |
| ped Name: William Forsberg, Organizer  |   |  |
|  |   |  |
| ignature   |   | IDAHO SECRETARY OF STATE                       |
| yped Name:   |   | 10/28/2010 05:<br>CK: NONE CT: 202411 BH: 1245 |

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