

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 DEC 23 AM 9: 38

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

		STATE OF IDAHO
1.	The name of the limited liability com	npany is: STATE OF IDAMO
	A R P PROPERT	TIES, LLC
2.	The complete street and mailing add 3034 WEST 1300 SOUTH, ABERDEEN, (Street Address) P.O. BOX 653, ABERDEEN, ID 83210 (Mailing Address, if different than street address)	dresses of the initial designated office:
3.	The name and complete street address of the registered agent:	
	RITA E. PRATT (Name)	3034 WEST 1300 SOUTH, ABERDEEN, ID 83210 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	L. ALAN PRATT	3034 WEST 1300 SOUTH, ABERDEEN, ID 83210
	RITA E. PRATT	3034 WEST 1300 SOUTH, ABERDEEN, ID 83210
	<del></del>	
5.	Mailing address for future correspondence (annual report notices):  ALLIED FINANCIAL SERVICES, P.O. BOX 674, REXBURG, ID 83440	
6.	Future effective date of filing (optional	al):
_	nature of a manager, member or son.	authorized
•	nature L. Alan Fr	Secretary of State use only
	ped Name: L. ALAN PRATT	
· 7 P		<del></del>

IDAHO SECRETARY OF STATE 12/23/2013 05:00 CK: 2870 CT: 87111 BH: 1482948 1 0 198.88 = 188.88 ORGAN LLC #

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& Pratt

Signature

Typed Name: RITA E. PRATT