

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 17 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

James M Fleming Same es 2	The name of the limited liability co	mpany is: STATE OF IDAHO
The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:  James M Fleming Sames 5  The name and address of at least one member or manager of the limited liability company:  Name  Address  James M Fleming 4564 Escalante Dr Eagle, ID 83616	Ho	omes4Everybody LLC
The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:  James M Fleming  Same 95  The name and address of at least one member or manager of the limited liability company:  Name  Name  Address  James M Fleming  4564 Escalante Dr Eagle, ID 83616		mailing address if different, of the initial designated/
The name and address of at least one member or manager of the limited liability company:  Name  Address  James M Fleming  4564 Escalante Dr Eagle, ID 83616	4564 Es	calante Dr Eagle, ID 83616
The name and address of at least one member or manager of the limited liability company:  Name Address  James M Fleming 4564 Escalante Dr Eagle, ID 83616		
Name Address  James M Fleming 4564 Escalante Dr Eagle, ID 83616	· · · · · · · · · · · · · · · · · · ·	James M Fleming Same 95 2
Company:  Name Address  James M Fleming 4564 Escalante Dr Eagle, ID 83616		
Name Address  James M Fleming 4564 Escalante Dr Eagle, ID 83616		one member or manager of the limited liability
		Address
Anita G Fleming 4564 Escalante Dr Eagle, ID 83616	James M Fleming	4564 Escalante Dr Eagle, ID 83616
	Anita G Fleming	4564 Escalante Dr Eagle, ID 83616
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	5. Mailing address for future correspo	
6. Mailing address for future correspondence (annual report notices):	West Control of the C	Same
i. Mailing address for future correspondence (annual report notices):  Same	3. Future effective date of filing (option	nal):
Same		
Same  5. Future effective date of filing (optional):  ignature of an organizer(s). (An organizer is a member,	r nembers).	, initial member
Same  5. Future effective date of filing (optional):  ignature of an organizer(s). (An organizer is a member, is acting in behalf of a required, and existing, initial member	6 119	
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Same  5. Future effective date of filing (optional):  ignature of an organizer(s). (An organizer is a member, is acting in behalf of a required, and existing, initial member members).  ignature	yped Name:James M Fleming	IDAHO SECRETARY OF STA
Same  5. Future effective date of filing (optional):  ignature of an organizer(s). (An organizer is a member, is acting in behalf of a required, and existing, initial member members).  ignature  yped Name:  James M Fleming	ignature (Inita 9 He	67/17/2008 05 CK: 132879 CT: 172899 BH:
Same  Future effective date of filing (optional):  ignature of an organizer(s). (An organizer is a member, is acting in behalf of a required, and existing, initial member members).  ignature  yped Name:  James M Fleraing  IDAHO SECRETARY OF ST.  67/17/2008 05  CK: 132879 CT: 172899 BH:	ghalule 1 1/2 X 199	1 # 100.96 = 100.86 ORGA

Anite G Fleming

Typed Name: