

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 JUL -7 AM 10: 19

(Instructions on back of application)

·	OLUMEIAHY OF STATE
. The name of the limited liability co	mpany is: STATE OF IDAHO
Magic	Valley Homebuyers, LLC
The complete street address, and principal office:	mailing address if different, of the initial designated/
255 Blue Lakes Blvd	. N. #673, Twin Falls, Idaho 83301-5238
3. The name of the commercial regist address of the non-commercial reg	ered agent; or the name and complete street istered agent:
April Brann, 243 Ridgeway, 1	Twin Falls, Idaho 83301 (County of Twin Falls)
4. The name and address of at least of company: Name	one member or manager of the limited liability Address
Dale B. Condit	255 Blue Lakes Blvd. N. #673, Twin Falls, Idaho 83301-
Marsha J. Condit	255 Blue Lakes Blvd. N. #673, Twin Falls, Idaho 83301-
5. Mailing address for future correspo	ndence (annual report notices): vd. N. #673, Twin Falls, Idaho 83301-5238
6. Future effective date of filing (option	nal):
Signature of an organizer(s). (An organizer is acting in behalf of a required, and existing	
or members).	Secretary of State use only
Signature	✓ § W 85205
Typed Name: Karla Figueroa, Legalzoom	Com, Inc. 1840 SECRETARY OF STAT 07/07/2009 G5: CK: 355349 CT: 167623 BH: 1 1 9 100.00 = 100.00 ORGAN
Signature	CK: 355349 CT: 167623 BH: 1