



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -5 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

3010 Devonwood, LLC

2. The complete street and mailing addresses of the initial designated office:

490 Memorial Drive, Suite 200

(Street Address)

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Robert Potter

(Name)

490 Memorial Drive, Suite B-5, Idaho Falls, ID 83405

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Robert Potter, Manager

490 Memorial Drive, Suite B-5, Idaho Falls, ID 83405

5. Mailing address for future correspondence (annual report notices):

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Douglas R. Nelson

Typed Name: Douglas R. Nelson, attorney

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/05/2012 05:00
CK: 56968 CT: 2834 BH: 1349958
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3