

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JUN -6 AN 10: 13

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	me of the limited liability		SOME
Wolver	ton Homes of Boise	\$\forall \tag{\tag{\tag{\tag{\tag{\tag{\tag{	
	mplete street and mailing alls Ave East Suite 1002 Twin		nitial designated office:
	ddress) x 5179 Twin Falls ID 83303 Address, if different than street addre	ss)	
. The na	me and complete street a	address of the regist	tered agent:
	l Wolverton JR	1411 Falls Ave E	ast Suite 1002, Twin Falls ID 83301
(Name)		(Street Address)	
compar		st one member of M	nanager of the limited liability Address
Gary W	<u>Name</u> /olverton	PO BOY 5170 To	<u>Address</u> vin Falls ID 83303
_	address for future corres X 5179 Twin Falls ID 83303	pondence (annual r	report notices):
. Future	effective date of filing (op	tional):	
ignature erson.	of a manager, member	or authorized	Country of O. I.
ignature	2		Secretary of State use only IDAHO SECRETARY OF STATE
yped Nam	e: Cany Wolverto	1 JR.	06/06/2014 05:00 CK:10585 CT:227788 BH:142:

1@ 100.00 = 100.00 DRGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

W138634

Signature____

Typed Name: _____