

## CERTIFICATE OF ORGANIZATION JAN 28 AM 9: 28

	(Instructions on ba	Office
1. The n	name of the limited liability of	company is:
	y 410 Pine Street Rental LLC	
1107	omplete street and mailing a Walker Rd., Viola ID 83872 Address)	addresses of the initial designated office:
(Mailin	g Address, if different than street address	si
		ddress of the registered agent:
Elizat (Name)	peth Lusby	1107 Walker Rd., Viola ID 83872 (Street Address)
4 The na	ame and address of at least	t one member or manager of the limited liability
Elizab	<u>Name</u> eth Lusby	Address 1107 Walker Rd., Viola ID 83872
Jay Lu	usby	1107 Walker Rd., Viola ID 83872
5. <b>Mailing</b>	address for future correspo	ondence (annual report notices):
6. Future	effective date of filing (optio	onal);
Signature person.	of a manager, member o	r authorized
Signature <u>C</u> Typed <b>N</b> am	habas Juby  Elizabeth Lusby	Secretary of State use only
ypcu ivalli	G.	
Signature		

IDAHO SECRETARY OF STATE

01/28/2013 05:00

CK: 3213 CT: 230910 BH: 1357574

1 # 100.00 = 100.00 ORGAN LLC # 2

(1)21420

Typed Name: