



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 13 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Houses 60 - 4 LLC

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

4929 N Tasman Dr Coeur d Alene, Id 83815

(Street Address)

PO Box 296 Coeur d Alene, Id. 83816

(Mailing Address, if different than street address)

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

Sandy Kaplan

(Name)

4929 N Tasman Dr Coeur d Alene, Id. 83815

(Street Address)

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

Name

Address

Sandy Kaplan

4929 N Tasman Dr Coeur d Alene, Id. 83815

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

PO Box 296 Coeur d Alene, Id. 83816

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

Signature of a manager, member or authorized person.

Signature Sandy Kaplan 8/11/14

Typed Name: Sandy Kaplan

Signature _____

Typed Name: Sandy Kaplan

Secretary of State use only
IDAHO SECRETARY OF STATE

08/13/2014 05:00

CK:1082 CT:300031 BH:1437147

1@ 100.00 = 100.00 ORGAN LLC #5

W141139