



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2009 JAN 12 AM 9:25

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Able Property Management, LLC

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

2989 N. Howell Road, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Russ Woodward

(Name)

2989 N. Howell Road, Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

Russ Woodward

2989 N. Howell Road, Post Falls, ID 83854

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

2989 N. Howell Road, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Stephen B. McCrea

Typed Name: Stephen B. McCrea, Organizer

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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01/12/2009 05:00  
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