

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 JUL 21 AM 8: 47

W Z	(Instructions on b	pack of application) SECFLARY OF STATE
1.	The name of the limited liability	
	con	TTAGE ON THE SHORE, LLC
2.	The complete street and mailing 1713 TEXAS RIDGE ROAD, DEARY	addresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street addre	15.5)
3.	The name and complete street address of the registered agent:	
	DAVID BLEVINS	1713 TEXAS RIDGE ROAD, DEARY, ID 83823
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	DAVID BLEVINS	1713 TEXAS RIDGE ROAD, DEARY, ID 83823
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	4-12-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
5.	Mailing address for future corres	spondence (annual report notices):
•	1713 TEXAS RIDGE ROAD, DEARY	•
6.	Future effective date of filing (op	otional):
	nature of a manager, member	r or authorized
per	son.	Secretary of State use only
Sign	nature	
Тур	ed Name: DAVID BLEVINS	
_	nature	
Тур	ed Name:	Though serverions be state

cert_org_it: Rev. 07/2010

IDAHO SECRETARY OF STATE @7/21/2011 @5:00 CK: 1951 CT: 260849 BH: 1283386 1 @ 100.60 = 160.00 ORGAN LLC # 2