Authentisign ID: D381AB61-4A4D-488F-A487-CD477115AEE1

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Printed Name: -

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

. . .

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 SEP -8 PM 2: 29

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

		STATE OF IDAHO
The name of the limited	d liability company is:	TO THE STATE OF TH
Rasmussen Realty G	iroup L.L.C.	
(Remember to inclu	de the words "Limited Liability Company,"	"Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street ar 189 Robison Dr. Am	nd mailing addresses of the prin Imon, ID 83406	cipal office is:
(Street Address)		
(Mailing Address, if different)		
The name of the regist	ered agent and the street addre	ess of the registered agent:
Gary Rasmussen	issen 189 Robison Dr. Ammon, ID 83406	
(Name)		ost office box or postal mail box.)
The manage of the		
	of at least one governor of the	
Gary Rasmussen	189 Robison Dr. Ammon	i, ID 83406
(Name)	(Address)	
(Name)	(Address)	
	V :==:,	
/No.		
(Name)	(Address)	
(Name)	(Address)	
Mailing address for futu	ire correspondence (annual rep	port notices):
189 Robison Dr. Amme	on, ID 83406	
(Address)		
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ature of organizer(s).	7	Secretary of State use only
ature: AR		
y y		
ed Name: Gary Rasmus	sen	IDAHO SECRETARY OF STATE
<u> </u>		09/08/2016 05:00
ature:		CK:4190278 CT:172099 BH:1545461
		16 100.00 = 100.00 ORGAN LLC #2

W171268

1@ 20.00 = 20.00 EXPEDITE C #3