

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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|-------------|--|------------------|--|--|--|--|--|--|
| 1. | The name of the limited liability compa | any is: | SECUL BY OF STATE SHARE OF IDAHO | | | | | |
| | One Corner Cor | struction | , LLC | | | | | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: | | | | | | | |
| | 445 Hwy 55 Horseshoe Bend, ID 83629 | | | | | | | |
| | (Street Address) P.O. Box 351 Horseshoe Bend, ID 83629 | | | | | | | |
| | (Mailing Address, if different than street address) | | | | | | | |
| 3. | The name and complete street address of the registered agent: | | | | | | | |
| | Stephen Whiteley | 123 Bois | e St. Horseshoe Bend, ID 83629 | | | | | |
| | | Street Address | | | | | | |
| | The second and second sections | | and the limber limber | | | | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | | | | | |
| | <u>Name</u> | | Address | | | | | |
| | Stephen Whiteley 1 | 23 Boise | St. Horseshoe Bend, ID 83629 | | | | | |
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| 5. | Mailing address for future corresponde | nce (annu | al report notices): | | | | | |
| | P.O. Box 351 Horseshoe Bend | , ID 8362 | <u> </u> | | | | | |
| | | | | | | | | |
| 6. | Future effective date of filing (optional) | · | | | | | | |
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| _ | nature of a manager, member or au son. | itnorizea | | | | | | |
| • | | | Secretary of State use only | | | | | |
| | nature Stephen Whiteley | · | | | | | | |
| Typ | ped Name: Stephen Whiteley | | | | | | | |
| 0 :- | | | IDAHO SECRETARY OF STATE Ø2/10/2011 05:00 CK: 8212 CT: 244638 BH: 1259374 1 9 180.80 = 100.00 BRGAN LLC # 2 | | | | | |
| | nature ped Name: | | 1 9 180,80 = 100,00 DRGAN LLC # 2 | | | | | |
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