



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 27 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

County Kildare, LLC

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

4353 E. Poleline Ave.

(Street Address)

Post Falls, Idaho 83854

(Mailing Address, if different than street address)

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

Annette Hasalone

(Name)

4353 E. Poleline Ave.

(Street Address)

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

Name

Address

Annette Hasalone

4353 E. Poleline Ave., Post Falls, Idaho 83854

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

4353 E. Poleline Ave., Post Falls, Idaho 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Annette Hasalone

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/27/2010 05:00
CK: 21522 CT: 219068 BH: 1244784
1 @ 100.00 = 100.00 ORGAN LLC # 2

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