



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED

EFFECTIVE

(Instructions on back of application)

2009 JAN -9 AM 9:04

1. The name of the limited liability company is: **SECRETARY OF STATE  
STATE OF IDAHO**  
\_\_\_\_\_  
Poleline Developers, L.L.C.

2. The complete street and mailing addresses of the initial designated/principal office:  
\_\_\_\_\_  
139 River Vista Place, Ste. 202, Twin Falls, ID 83301  
(Street Address)

(Mailing Address, if different than street address)

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

Stephen E. Di Lucca	139 River Vista Place, Ste. 202, Twin Falls, ID 83301
(Name)	(Street Address)

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

Name	Address
Stephen E. Di Lucca	139 River Vista Place, Ste. 202, Twin Falls, ID 83301

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

\_\_\_\_\_  
139 River Vista Place, Ste. 202, Twin Falls, ID 83301

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 \_\_\_\_\_

Typed Name: Stephen E. Di Lucca

Secretary of State use only

Signature \_\_\_\_\_

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

LLCFormSet\_v1.0c.PM&D  
Reviewed 07/2008

IDAHO SECRETARY OF STATE  
01/09/2009 05:00  
CK: 7552 CT: 142512 BH: 1151535  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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