

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability of MR	SECRETARY OF STATE STATE OF IDAHO RH TAYLORSVILLE LLC
2. The complete street and mailing a 855 BROAD STREET, SUITE 300, BOI	ddresses of the initial designated/principal office: SE, ID 83702
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street ad	dress of the registered agent:
ROB DICKINSON	855 BROAD STREET, SUITE 300, BOISE, ID 83702
(Name)	(Street Address)
The name and address of at least company: Name	one member or manager of the limited liability Address
MARK R. HAWKINS	4700 S McCLINTOCK ROAD, #160, TEMPE AZ 85282
 Mailing address for future correspondence of the second street, SUITE 300, BOIL 	· · · · · · · · · · · · · · · · · · ·
6. Future effective date of filing (option	onal):
Signature of a manager, member of person.	
Simulation # 1	Secretary of State use only
Typed Name: ROB DICKINSON, AUTH. A	GENT
Signature	
Typed Name:	10/20/2011 05:00 CK: NONE CT: 218912 BH: 1294952