



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 9: 33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Van Buren Properties, LLC

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

6549 Van Buren St, Bonners Ferry, ID 83805

(Street Address)

PO Box 3160, Bonners Ferry, ID 83805

(Mailing Address, if different than street address)

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

Tim West

(Name)

6549 Van Buren St, Bonners Ferry, ID 83805

(Street Address)

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

Name

Address

Lisa West

6549 Van Buren St, Bonners Ferry, ID 83805

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

PO Box 3160, Bonners Ferry, ID 83805

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

Signature of a manager, member or authorized person.

Signature Lisa West

Typed Name: Lisa West

Signature Tim West

Typed Name: Tim West

Secretary of State use only

W132696

IDAHO SECRETARY OF STATE
01/02/2014 05:00
CX: 2485 CT: 291202 BH: 1403958
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