

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY JAN 17 AM 9: 41

| W W | (instructions on bac | ok of application) | GEOBERATY OF STATE | |
|-----|--|--|---|--|
| 1. | The name of the limited liability co | ompany is: | SECRETARY OF STATE STATE OF IDAHO | |
| | · | Shiloh Homes, LLC | | |
| 2. | The complete street and mailing addresses of the initial designated office: 755 South Ithaca Street, Post Falls, Idaho 83854 | | | |
| | (Street Address) | | | |
| | (Mailing Address, if different than street address) | | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | Kurt R. Neely | 755 South Ithaca Street, Post Falls, Idaho 83854 | | |
| | (Name) | (Street Address) | | |
| 4. | The name and address of at least company: | one member or m | anager of the limited liability | |
| | Name | Address | | |
| | Kurt R. Neely | 755 South Ithaca Street, Post Falls, Idaho 83854 | | |
| | Dolly D. DuBois | 755 South Ithaca Street, Post Falls, Idaho 83854 | | |
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| 5. | Mailing address for future correspondence (annual report notices): | | | |
| | 755 South Ithaca Street, Post Falls, Ida | ho 83854 | | |
| 6. | Future effective date of filing (option | onal): | | |
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| _ | nature of a manager, member of son. | or authorized | | |
| pci | 0 4 | \ | Secretary of State use only | |
| Sig | nature tuil The est | | | |
| Тур | ped Name: Kurt R. Neely | | | |
| Sig | nature Alley S. Al | 1508 | IDANO SECRETARY OF STATE 01/17/2012 05:00 | |
| Тур | ped Name: Dolly D. DuBois | | CK: 3197 CT: 265961 BH: 1396229 1 0 100.80 = 100.00 ORGAN LLC # 2 1 0 20 00 = 20.00 EXPENTE C # 2 | |