



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 MAY -8 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Linden Park Gardens #2 LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5845 Indian Wells, Idaho Falls, ID 83401

(Street Address)

PO Box 3915, Idaho Falls, ID 83403

(Mailing Address, if different)

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

David Lawrence

5845 Indian Wells, Idaho Falls, ID 83401

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

David Lawrence

5845 Indian Wells, Idaho Falls, ID 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 3915, Idaho Falls, ID 83403

(Address)

Signature of organizer(s):

Signature:

Printed Name: David Lawrence

Signature: _____

Printed Name: _____

Secretary of State use only

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05/08/2017 05:00

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