

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2012 SEP 13 AM 9: 10

The name of the limited liability or	ompany is:	SECRETARY OF STATE STATE OF IDAGO
Ri	verhawk Propertie	STATE
2. The complete street and mailing a 3426 Harvest Moon Dr., Kimberly, Idah (Street Address)		e initial designated office:
(Mailing Address, if different than street address)	<u> </u>	
3. The name and complete street ad		gistered agent:
Lori Coombs		Moon Dr., Kimberly, Idaho 83341
(Name)	(Street Address)	
The name and address of at least company:	one member o	r manager of the limited liability
<u>Name</u>	Address	
Lori Coombs 3426 Harve		Moon Dr. Kimberly Idaho 83341
5. Mailing address for future corresp	ondence (annu	al report notices):
3426 Harvest Moon Dr. , Kimberly, Idah	10, 83341	
6. Future effective date of filing (option	onal):	
Signature of a manager, member of person.	or authorized	
Signature Mr Amuly		Secretary of State use only
Typed Name: Lori Coombs	·	
Signature		IDAHO SECRETARY OF STATE 99/13/2012 05:00 CK: 3411 CT: 274280 BH: 1339644 1 0 100.00 = 100.00 ORGAN LLC # 2
Typed Name:		I 6 100*00 - 100*00 OWNLEY FER M F