



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 SEP 28 PM 3: 39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pine Leaf LLC

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

325 E Shore Drive Suite 120, Eagle Idaho 83616

(Street Address)

P.O. Box 873 Eagle, Idaho 83616

(Mailing Address, if different than street address)

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

Karen Mitchell

(Name)

543 E Greencreek Court, Eagle, Idaho 83616

(Street Address)

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

Name

Address

Karen Mitchell

P.O. Box 873, Eagle Idaho 83616

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

P.O. Box 873 Eagle Idaho 83616

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

Signature of a manager, member or authorized person.

Signature Karen Mitchell

Typed Name: Karen Mitchell

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/28/2012 05:00
CK: 223 CT: 274762 BH: 1341720
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