



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 SEP 13 PM 2:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SHADOW VALLEY ESTATES LLC

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

1859 South Topaz Way, Suite 200; Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

COLEMAN HOMES LLC

(Name)

1859 South Topaz Way, Suite 200; Meridian, ID 83642

(Street Address)

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

Name

Address

COLEMAN HOMES LLC

1859 South Topaz Way, Suite 200; Meridian, ID 83642

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

1859 South Topaz Way, Suite 200; Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Quentin M. Knipe

Typed Name: Quentin M. Knipe, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/13/2013 05:00
CK: 384898 CT: 7812 BH: 1389982
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