



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 AUG 13 AM 8:58
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SMITHS HOME PLACE LLC

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

3714 S SOMMER RD, VERADALE, WA 99037

(Street Address)

(Mailing Address, if different than street address)

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

CORSER LLC

(Name)

413 CEDAR STREET, WALLACE, ID 83873

(Street Address)

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

Name

Address

T S SMITH

3714 S SOMMER RD, VERADALE, WA 99037

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

3714 S SOMMER RD, VERADALE, WA 99037

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: T S SMITH

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/13/2010 05:00
CK: 5180 CT: 162463 BH: 1234639
1 @ 100.00 = 100.00 ORGAN LLC # 2

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