

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN -6 AM 8: 22

(Instructions o	n back of application)	SECTION AND AND AND AND AND AND AND AND AND AN
1. The name of the limited liabil	lity company is:	SECRETARY OF STATE STATE OF IDAHO
NLP Properties, LLC		.0
2. The complete street and mail	ing addresses of the	initial designated office:
3239 Addison Avenue East, Twin	_	-
(Street Address) PO Box 2611, Twin Falls, Idaho 8	23303 2611	
(Mailing Address, if different than street a		
3. The name and complete stree	et address of the regi	stered agent:
Glen D. Leavitt	3239 Addison A	Avenue East, Twin Falls, ID 83301
(Name)	(Street Address)	
4. The name and address of at company:	least one member or	manager of the limited liability
<u>Name</u>		Address
Eric Watte	PO Box 2611,	Twin Falls, ID 83303-2611
Glen D. Leavitt	3239 Addison /	Avenue E, Twin Falls, ID 83301
		<del></del>
	<del></del>	
	<u></u>	
5. Mailing address for future con	rrespondence (annua	report notices):
PO Box 2611, Twin Falls, ID 833	•	Toport Houses,
6. Future effective date of filing	(optional):	
·		· · · · <del></del>
Signature of a manager, mem	ber or authorized	
person.		Secretary of State use only
Signature	A	Secretary of State use only IDAHO SECRETARY OF STATE
Typed Name: Eric Watte		01/06/2015 05:00 CK:16930 CT:21151 BH:1455753
Typeu Hairie.		16 100.00 = 100.00 DRGAN LLC
Signature		^
Typed Name:		(1)146141

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