

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

(Instructions on back of application)

1. The name of the limited liability company is:

2012 MAR 14 AM 9: 02

SECRETARY OF STATE STATE OF IDAHO

Caven Real Estate Servic	ces, IIC
The complete street and mailing a	ddresses of the initial designated/principal office:
6874 Fairview Avenue, Bo (Street Address) Same	oise, ID 83704
(Mailing Address, if different than street address)	
The name and complete street add	dress of the registered agent:
Michael D. Caven	6874 Fairview Avenue Boise, ID 83704
(Name)	(Street Address)
The name and address of at least company:  Name	one member or manager of the limited liability  6874 Fairview_Address
Michael D. Caven	Boise, ID 83704
Mailing address for future correspo	ondence (annual report notices):
6874 Fairview Avenue, Bo	oise, ID 83704
Future effective date of filing (option	
erson.	Secretary of State use only
gnature ////	
ped Name: Michael D. Caven	
Managing Member	IDAHO SECRETARY OF STATE 93/14/2012 95:90
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