



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -6 AM 9: 04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Devonshire 12454 LLC

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

14089 N. Church Rd, Rathdrum, ID 83858

(Street Address)

P.O. Box 2013, Post Falls, ID 83877

(Mailing Address, if different than street address)

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

Elisabeth Moore

(Name)

14089 N. Church Rd, Rathdrum,

(Street Address)

ID 83858

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

Name

Address

Elisabeth Moore

P.O. Box 2013, Post Falls, ID 83877

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

P.O. Box 2013, Post Falls, ID 83877

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

Signature of a manager, member or authorized person.

Signature Elisabeth Moore

Typed Name: Elisabeth Moore

Signature _____

Typed Name: _____

Secretary of State use only

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01/06/2014 05:00
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