



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR -8 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DiffeRENT Property Managment LLC

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

3570 Charleston Circle Idaho Falls Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Launie Shelman

(Name)

3570 Charleston Circle

(Street Address)

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

Name

Address

Colby Shelman

3570 Charleston Circle Idaho Falls Idaho 83404

Launie Shelman

3570 Charleston Circle Idaho Falls Idaho 83404

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

3570 Charleston Circle Idaho Falls Idaho 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Launie Shelman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/08/2013 05:00
CK: 10135 CT: 200363 BH: 1363596
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