

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

. The name	of the limited liability of	company is:	SECRETARY OF STATE STATE OF IDAHO	
-	elete street and mailing Riverside Drive, Suite 100, B		I designated office:	
	ress, if different than street addres			
. The name	and complete street a	ddress of the registere	ed agent:	
Wm. David Evans			7761 W. Riverside Drive, Suite 100, Boise, Idaho 83714	
(Name)		(Street Address)		
company:	<u>Name</u>		ager of the limited liability Address	
Karmelle	Subdivision, LLC	7761 W. Riverside D	rive, Suite 100, Boise, Idaho 83714	
C13 LLC		1627 S Orchard Stre	eet, Suite 24, Boise, Idaho 83705	
	Idress for future correspriverside Drive, Suite 100, B	•	ort notices):	
	ective date of filing (opt			
erson.	a manager, member	oi authorized	0	
ignature (1 Amit	ℓ	Secretary of State use only IDAHO SECRETARY OF STATE	

W152434

Signature____

Typed Name: _____