

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 OCT 30 AM 9: 06

(Instructions on back of application)

| | •. | SECHETARY OF STATE STATE OF IDAHO |
|---|--|---|
| 1. The name of the limited liability | company is: | dirite of issaid |
| Pro Property Management, LLC | | |
| t. The complete street and mailing | addresses of the | e initial designated office: |
| 247 Thain Road Suite 105, Lewiston, | ID 83501 | |
| (Street Address) PO Box 536, Lewiston, ID 83501 | | |
| (Mailing Address, if different than street addre | SS) | |
| The name and complete street a | address of the re | gistered agent: |
| Crystal Hudson | 247 Thain Road Suite 105, Lewiston, ID 83501 | |
| (Name) | (Street Address) | |
| company: Name Crystal Hudson | 247 Thain Ro | Address pad Suite 105, Lewiston, ID 83501 |
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| | | |
| Mailing address for future corres | spondence (annu | ual report notices): |
| PO Box 536, Lewiston, ID 83501 | | |
| | | |
| Future effective date of filing (or | otional): | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| ignature of a manager, member | r or authorized | |
| | | Secretary of State use only |
| gnature Mon Wood | | IDAHO SECRETARY OF STATE |
| yped Name: Crystal Hudson | · | 10/30/2014 05:00 CK:2072 CT:302719 BH:144740 16 100.00 = 100.00 ORGAN LLC |
| gnature | | |
| yped Name: | — | |

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