



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 OCT 27 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shadow View Management, LLC

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

4 Streamside Drive, Hailey, ID 83333

(Street Address)

P. O. Box 3850, Hailey, ID 83333

(Mailing Address, if different than street address)

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

Charles M. Ellis

(Name)

4 Streamside Drive, Hailey, ID 83333

(Street Address)

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

Name

Address

Daniel Medeiros

1373 E. Saint James Circle, Fresno, CA 93720

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

P. O. Box 3850, Hailey, ID 83333

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Charles M. Ellis, Agent

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2014 05:00

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