



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

11 APR 14 AM 8:44

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MALAD ESTATES HOMEOWNERS ASSOCIATION, LLC

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

358 ASPEN DRIVE BLISS ID 83314

(Street Address)

(Mailing Address, if different than street address)

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

ROBERT DE GRASSE

(Name)

358 ASPEN DRIVE BLISS ID 83314

(Street Address)

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

Name

Address

ROBERT DE GRASSE

358 ASPEN DRIVE BLISS ID 83314

RONALD MILLER

354 ASPEN DRIVE BLISS ID 83314

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

358 Aspen Dr. Bliss ID 83314

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Robert De Grasse

Typed Name: ROBERT DE GRASSE

Signature

Ronald R Miller

Typed Name: RONALD MILLER

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/14/2011 05:00  
CK: 3691501636 CT: 257771 DN: 1269174  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W102406