

## CERTIFICATE OF ORGANIZATION 5 AM 9:31 LIMITED LIABILITY COMPANY

(Instructions on back of application) SECRET LUESTATE

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1.	The name of the limited liability company is:
	Blaine Properties Cimited Cability Company
2.	The complete street and mailing addresses of the initial designated office:
	2384 Parama St.
	(Street Address)  Doine ID 83705
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	MAMA ROPELGUEZ 2384 Panam St. Boine IO (Name) (Street Address) 83705
4.	The name and address of at least one member or manager of the limited liability company:
	Alive Estrada 4011 S. Lake Ave. Caldwell ID
	\$360E
5.	Mailing address for future correspondence (annual report notices):
	2384 Parame St. Boine ID 83705
6.	Future effective date of filing (optional):
Signature of a manager, member or authorized person.	
-	Secretary of State use only
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Typ	ed Name: Maya Rook I Gu E Z
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Sign	MANU SECRETARY OF
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