

Signature:\_

Ray, 08/2015

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

A submit the application in duplicate

2015 OCT 22 PM 3: 47

SECHETARY OF STATE

Complete and submit the application in <u>supplicate</u> .		STATE OF IDAHO
The name of the limited liability	ty company is:	
VINCENT FAMILY LLC	The instant Linkston Commons of the instant Core	ipany," or the abbreviations L.L.C., LLC, or LC)
(Remember to Include the word	is cirition escainty company, chinten con-	many, or the post of the second
The complete street and mail	ing addresses of the principal	office is:
3753 N. ARROWLEAF LANE	POST FALLS, ID 83854	
(Streer Address)		
(Mailing Address, If different)		
The name and complete stre	et address of the registered a	gent:
THOMAS J. VINCENT	3753 N. ARROWLEAF LANE POST FALLS, ID 83854	
(Name)	(Address)	
The name and address of at	least one governor of the limit	ted liability company:
THOMAS J. VINCENT	3753 N. ARROWLEAF LANE POST FALLS, ID 83854	
(Name)	(Address)	
(Name)	(Address)	
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P.O. BOX 207 LIBERTY LAN	rrespondence (annual report	Hollods).
(Address)	(L, W/ 00010	
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nature of organizer(s).	<u></u>	Secretary of State use only
ted Name: THOMAS J. VINCENT		ogaringly of chain also only
		IDAHO SECRETARY OF STATE
nature: (4.33/7108)	3/2015 05:00 CT:172099 BH:1497458 20.00 EXPEDITE C #2	10/23/2015 05:00 CK:3307096 CT:172099 BH:1497457
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ited Name:		1157597
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