

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 NOV -2 PM 4:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

River Sage, LLC

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

12888 N. 11th Ave.

(Street Address)

Hidden Spr., ID 83714

(Mailing Address, if different than street address)

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

Stephanie Greenfield

(Name)

12888 N. 11th Ave

(Street Address)

Hidden Spr., ID 83714

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

Stephanie Greenfield

Name

Address

12888 N 11th Ave Hidden Spr., ID 83714

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

12888 N. 11th Ave Hidden Spr, ID 83714

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Stephanie Greenfield

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2011 05:00
CK: 823747 CY: 172099 BW: 1296662
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