

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

		of application)
₹ ((Instructions on back	of application)
	The name of the limited liability cor	mpany is:
	GHOSTRIDER LLC	
	19838 redtop rd caldwell, id 83607	dresses of the initial designated office:
	(Street Address)	
_	(Mailing Address, if different than street address)	
	The name and complete street address of the registered agent:	
	Verlyn L Lammey	19838 redtop rd caldwell, id 83607
	(Name)	(Street Address)
	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Verlyn L. Lammey	19838 redtop rd caldwell, id 83607
. F	Mailing address for future correspons	ndence (annual report notices):
. F	Future effective date of filing (option	al):
	ature of a manager, member or	authorized
		Secretary of State use only
_	ature flygung fammer	·
pe	d Name: Werkyn L Lamne	7
one	ature	IDAHO SECRETARY OF STATE 69/28/2012 65:00
	d Name.	

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Typed Name: _____