



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 13 AM 9:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALPINE VENTURES LLC

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

5179 EAGLEWOOD DR IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

JACOB LUNDQUIST

(Name)

5179 EAGLEWOOD DR IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

JACOB LUNDQUIST

5179 EAGLEWOOD DR IDAHO FALLS, ID 83401

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

5179 EAGLEWOOD DR IDAHO FALLS, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JACOB LUNDQUIST

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2012 05:00
CK: 1021 CT: 276167 BH: 1347391
1 @ 100.00 = 100.00 ORGAN LLC # 2

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