





## **STATE OF IDAHO**

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Select one: Standard, Expedited or Same Day Service descriptions below)   | ce (see Expedited (+\$40; filing fee \$140)            |
|---|--|
| 1. Limited Liability Company Name   |  |
| Type of Limited Liability Company   | Limited Liability Company                              |
| Entity name   | Skye Walker Properties LLC                             |
| 2. The complete street address of the principal office is:  |  |
| Principal Office Address  | 621 W MEADOW DR  |
|   | HAILEY, ID 83333                                       |
| 3. The mailing address of the principal office is:  |  |
| Mailing Address   | PO BOX 6480  |
|   | KETCHUM, ID 83340-6480                                 |
| 4. Registered Agent Name and Address  |  |
| Registered Agent  | Registered Agent<br>Jon Walker                         |
|   | Physical Address:                                      |
|   | 621 W MEADOW DR  |
|   | HAILEY, ID 83333                                       |
|   | Mailing Address:                                       |
|   | PO BOX 6480<br>KETCHUM, ID 83340-6480                  |
|   | NETOTION, ID 00040-0400                                |
| ☑ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm that the registered agent appointed has contained.  ☐ I affirm the registered agent ag | onsented to serve as registered agent for this entity. |
|   |  |
| 5. Governors  |  |
| 5. Governors Name   | Address  |
| Name  |  |
|   | PO BOX 6480<br>KETCHUM, ID 83340                       |
| Name  Jonathan E Walker   | PO BOX 6480  |
| Name  | PO BOX 6480  |