

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 SEP 16 AM 9: 38

(Instructions on back of application)

(instructions on back of application	F. C. * may
1. The name of the limited liability company is:	STATE OF DAILO
River City Rynning Robels	LLC
2. The complete street and mailing addresses of the initial designated office:	
(Street Address)  (Mailing Address, if different than street address)	1/2 , =10 ,83852/
3. The name and complete street address of the registered agent:	
Shawl Leary SSOON (Street Address)	ing the fost Falls, IP, 83854
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	Address
Shaw Leary 3500 N	fing hay lost falls, ID, 83854
Nick Meeks	
<ol><li>Mailing address for future correspondence (annual report notices):</li></ol>	
3500 N P.my Rd Post Ells, 50, 838521	
6. Future effective date of filing (optional):	
o. Future effective date or mind (comonal).	
Signature of a manager, member or authorized	
person.	
	Secretary of State use only
Signature Sylaus Leavy	
Typed Name: Straun Leary	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	09/16/2013 05:00 CK: NO CK # CT: 287589 BH: 1398244

CK: NO CK # CT: 287589 BH: 139824 1 @ 100.00 = 100.00 ORGAN LLC # 2

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