

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

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2015 OCT 29 PM 1: 41

SECULETARY OF STATE STATE OF IDAHO

combiere au	o submit the application in <u>duplic</u> :	ate.
The name of the limite	ed liability company is-	-
MOON CREEK SADE	DLES LLC	
(Remember to include	de the words "Limited Liability Company," "Lin	Pited Company" or the obligation
The complete street	and the second	outripulity, or trie appreviations L.L.C., LLC, or LC)
114 N RAII ST W 6	nd mailing addresses of the pri	incipal office is:
(Street Address)	HOSHUNE ID 83352	
·	SHONE ID 83352	
(Malling Address, if different)		
The name and complet	to etropt address	
JON PUGH		
(Name) 602 VV 71H ST SHOSHONE ID 83352		SHOSHONE ID 83352
	(Address)	
The name and address	of at least one governor of the	Affirmation of the least
JON PUGH	602 W 7TH ST	SHOCHOUR IN ASSESSED
(Name)	(Address)	SHOSHONE ID 83352
	•	
(Name)	(Address)	
	(1701,025)	
(Name)		
	(Address)	
(Name)		
,	(Address)	
Mailing address for future	ë Correspondence (appual	
602 W 7TH ST SHOSHO	ONE ID 83352	or nouces):
(Address)	- 1.0 00002	
ture of organizer(s).		
d Name: JON PUGH		Secretary of State use only
20		
ture;		
Printed Name:		IDAHO SECRETARY OF STATE
		10/29/2015 05:00 CK:3324120 CT:172099 BH:1498371
ure;		16 100.00 = 100.00 DRGAN LLC #2
	The name of the limited MOON CREEK SADE (Remember to include The complete street are 114 N RAIL ST W S (Street Address) 602 W 7TH ST SHOS (Mailing Address, if different) The name and complete JON PUGH (Name) The name and address JON PUGH (Name) (Name)	(Name) (Name) (Name) (Name) (Name) (Name) (Name) (Name) (Address) (Address) (Name) (Address) (Address) (Name) (Address) (Address) (Name) (Address) (Address)

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