



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 FEB 22 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Finger of Fate LLC

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

351 Edelweiss Avenue, Ketchum, ID 83340

(Street Address)

PO Box 2318, Ketchum, ID

(Mailing Address, if different than street address)

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

Kenneth A. Fox

(Name)

351 Edelweiss Avenue, Ketchum, ID 83340

(Street Address)

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

Name

Kenneth A. Fox

Address

PO Box 2318, Ketchum, ID 83340

(physical address is as above under "registered agent")

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

PO Box 2318, Ketchum, ID 83340

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Kenneth A. Fox

Typed Name: Kenneth A Fox

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/22/2011 05:00
CK: 1286 CT: 255764 BH: 1261071
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