## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2012 MAY 24 PM 4: 28

1.	The name of the limited liability comp	bany is:	SECRETARY OF STATE STATE OF IDAHO
	Fou	urk Ventures LLC	3 IMIT OF IDAMO
2.	The complete street and mailing addresses of the initial designated office:		
	5420 E Elliott Street, Iona, Idaho 83427		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	<b>P</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	oo or mo regionales again.	•
	Tiffany A. M. Keller	5420 E Elliott Street	
	(Name)	(Street Address)	
_	_		
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Addre	D-D
	<del></del>	5420 E Elliott Street, Iona, ID 8	
	THE STATE OF THE S	5420 E Elliott Street, 10ffa, 1D 6	3421
5	Mailing address for future corresponde	onoo (annual rened anti-	-A.
•	5420 E. Elliott Street	ence (annual report notice	<b>18)</b> :
	3420 E. Emolt Street		****
ŝ.	Future effective date of filing (optional	<b>}</b> .	
	and a substitution of thing (opportunity	/·	
lia	nature of a manager, member or a	uthorized	
	son.	amonzea	
	111-00-11	1/1 Secr	retary of State use only
igı	nature THO UM Prell	Le l	
уp	ed Name: Tiffany A M Keller		
ilgı	nature		IDAHO SECRETARY OF STATE 5/24/2012 05:00
	ed Name:	СК: 3	1005329 CT: 1/2099 BH: 132566 100.00 = 100.00 ORGAN LLC # 2
		1 123	LUULUU - LUBLUU LIRCHAN LLIL VA (

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1 9 20.00 = 20.00 EXPEDITE C # 3