

Signature\_\_\_ Typed Name:

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

TE I	(Instructions on back	• •
1.	The name of the limited liability com	pany is: STATE OF IDAHO  RGY DEVELOPMENT LLC
2.	The complete street and mailing addresses of the initial designated/principal office:  156 SE 1ST AVENUE, SUITE # 1, ONTARIO, OR 97914  (Street Address)  (Mailing Address, if different than street address)	
3.	The name and complete street address KURT CHRISTENSEN (Name)	4000 ELMORE RD. PARMA, IDAHO 83660 (Street Address)
4.	The name and address of at least or company:  Name  KURT CHRISTENSEN  LANCE R. WELLS  WILL CHARLTON	Address  4000 ELMORE RD. PARMA, IDAHO 83660  854 HIALIAH, EAGLE, IDAHO 83616  12107 209TH AVE. CT. E. BONNIE LAKE, WA 98391
	Mailing address for future correspondence (annual report notices):  4000 ELMORE ROAD, PARMA, IDAHO 83660  Future effective date of filing (optional): N/A	
per Sig	nature of a manager, member or son.  nature	Secretary of State use only

IDAHO SECRETARY OF STATE 64/12/2011 05:00 CK: 5445 CT: 257689 BH: 1268836 1 0 100.00 = 100.00 DRSAN LLC # 2

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