

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability company is:		STATE OF IDAHO	
•	Racks and Ridges,		
2. The complete street and mailing 1702 Mountain View Drive, McCamr		e initial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street address	ess)		
. The name and complete street	address of the reg	gistered agent:	
Sabrina Corgatelli	1702 Mountain View Drive, McCammon, ID 83250		
(Name)	(Street Address)		
 The name and address of at lea company: 	ast one member o	or manager of the limited liability	
<u>Name</u>		Address	
Sabrina Corgatelli	1702 Mounta	lin View Drive, McCammon, ID 83250	
5. Mailing address for future corre	spondence (annu	ıal report notices):	
1702 Mountain View Drive, McCam	mon, ID 83250		
Future effective date of filing (or	ptional):		
in the manager mambe	or or authorized		
lignature of a manager, membe erson.	n or authorized		
signature Alminu Cropite	<u> Ai</u>	Secretary of State use only IDANO SECRETARY OF STATE	
yped Name: Sabrina Corgatelli	1.11	02/25/2015 05:00 CK:179594 CT:306903 BH:14634 10 100.00 = 100.00 ORGAN LLC	
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Гуреd Name:		NIIONO	