

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 29 AM 8: 21

SECRETARY OF STATE

The name of the limited liability con	npany is:
L	S VENTURES LLC
2. The complete street and mailing ad-	dresses of the initial designated/principal office:
	Loop Fruitland, ID 83619
(Street Address) PO Box	341 Fruitland, ID 83619
(Mailing Address, if different than street address)	
. The name and complete street addr	ress of the registered agent:
Larry Leavitt	164 Ash Loop Fruitland, ID 83619
(Name)	(Street Address)
The name and address of at least o company:	ne member or manager of the limited liability
<u>Name</u>	Address
Larry Leavitt	PO Box 341 Fruitland, ID 83619
Gary Sage	PO Box 163 Ontario, OR 97914
·	
Mailing address for future correspor	• • •
PO Box	341 Fruitland, ID 83619
. Future effective date of filing (option	all-
. I didie enecave date of fining (option	ar).
gnature of organizer(s). (An organizer is a	member orig
ting in behalf of a member or members).	member, or is
L. J. W	Secretary of State use only
gnature / ) lung / Parl T	
ped Name: Larry Leavitt	
	IDAHO SECRETARY OF OF CK; NO CK# CT: 249266 1 2 100.00 = 100.00 GR
gnature	98 06/29/2010 CK; NO CK# CT: 249266
/ped Name:	1 P 100.00 = 100.00 CR

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