

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in duplicate.

2018 JUN -7 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

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1.	The name of the limited lia	ibility company is:	

Four Seasons Terrain LLC

(Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC) 2. The complete street and mailing addresses of the principal office is: 139 Moon Drive McCall ID 83638 (Street Address) PO Box 906 McCall ID 83638 (Mailing Address, if different) 3. The name and complete street address of the registered agent: 772 Island Rd Weiser ID 83672 Dan Carlson (Name) (Address) The name and address of at least one governor of the limited liability company: 4. PO Box 906 McCall ID 83638 **Kyle J Lammers** (Name) (Address) PO Box 906 McCall ID 83638 Christina A Lammers (Name) (Address) (Name) (Address) (Name) (Address) Mailing address for future correspondence (annual report notices): 5. PO Box 906 McCall ID 83638 (Address) Signature of organizer(s). Secretary of State use only

Printed Name: Kyle J Lammers

Signature:

Printed Name: Christina A Lammers

Signature: Montus Conners

W203329

IDAHO SECRETARY OF STATE
06/07/2018 05:00
CK:3348 CT:358842 BH:1647643
16 100.00 = 100.00 DRGAN LLC #2

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