

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions of	(Instructions on back of application)	
1.	The name of the limited liabil	ity company is:	SECRETARY OF STATE STATE OF IDAHO
· 2.	The complete street and mailing addresses of the Initial designated office: 10919 Demsey Creek Road, Lava Hot Springs, ID 83246 (Street Address) PO Box 548, Lava Hot Springs, ID 83246 (Malling Address, If different than street address)		
3.	The name and complete street address of the registered agent:		
	Willard L, Thompson (Name)	10919 Demsey Cre (Street Address)	ek Road, Lava Hot Springs
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Willard L. Thompson	10919 Demsey Cre	Address 10919 Demsey Creek Rd., Lava Hot Springs, ID 83246
5.	Mailing address for future corr PO Box 548, Lava Hot Springs, ID	• • • •	ort notices):
6.	Future effective date of filing (optional):	
•	nature of a manager, memb	per or authorized	
Slar	nature Willard L	this	Secretary of State use only
	ed Name:		
Sigr	nature		YEARD OFFICE AND ADDRESS OF THE PROPERTY OF TH
Typed Name:			IDAHO SECRETARY OF STATE 94/30/2013 95:00 CK: 1380711 CT: 172099 BH: 13718

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