

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUL -6 AM 9:06

SECRETARY OF STATE

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability comp	pany is:		STATE OF IDAHO"
	Big Den, LLC		· · · · · · · · · · · · · · · · · · ·
2. The complete street and mailing add	resses of the	initial designated/p	rincipal office:
4399 Barrel	Roll Trail, Victo	or, ID 83455	
(Street Address) c/o Kristine Kamins	ki P.O. Boy 63	A Victor ID 83455	
(Mailing Address, if different than street address)	iki, F.O. DOX 03	, VICCOI, ID 00-100	
3. The name and complete street addre	see of the rea	istored anent:	
o. The hame and complete street addre	iss of the reg	isicioù ageili.	in the second of
Kristine Kaminski	4399	Barrel Roll Trail, Victor	, ID 83455
(Name)	(Street Address)		
		•	
 The name and address of at least on company: 	e member or	manager of the lim	nited liability
Name		Address	
Kristine Kaminski	4399 Barrel Roll Trail, Victor, ID 83455		
			en e
5. Mailing address for future correspond	dence (annua	al report notices):	
c/o Kristine Kamins	ki, P.O. Box 63	4, Victor, ID 83455	·
6. Future effective date of filing (optional	al):		
(()			
Signature of organizer(s). (An organizer is a r	member oris		•
acting in behalf of a member or members).			
Il i Last no		_	f State use only
Signature KMTY / KAMPY	<u> </u>	PME PME	
Typed Name: Kristine Kaminski			and an arrive
	[IDA 97/6 CX: 1211 1 9 196.	16/2009 05:00
Signature		98 CK: 1211 28 1 9 100.	CT: 2230/7 BM: 117/366 90 = 198.00 ORGAN LLC #
Typed Name:		Revise	1180-100
		100 Mg	W85199