



Printed Name:

Signature:

Revised 12/2018

## CERTIFICATE OF ORGANIZATION

L C	CERTIFICATE O IMITED LIABILI itle 30, Chapters 21 and 25		For Office Use Only -FILED- File #: 0004852921 Date Filed: 8/8/2022 10:29:00 AM
N O	•	00 for manual processing ( <u>form must be</u>	
The name of	the limited liability compan	wie:	
	entures LLC	y 13.	
		d Liability Company," "Limited Company, "or the	abbreviations L.L.C., LLC, or LC)
The complete	e street and mailing addres	ses of the principal office is:	
	kview Lane		
(Street Address			
(Mailing Addres	ls, ID 83404		
•	nd complete street address	of the registered agent	
	•		
(Name)	dorff 2988 E. Larson Dr.	Idaho Falls, ID 83401	
, .	nd address of at least one a	overnor of the limited liability compa	anv:
Blake Bac	_	•	•
(Name)	MIHAII	2880 N Badger Creek Rd.	10010 1 alls, 10 0040 1
(Name)		(Address)	
(Marrie)		(Addiess)	
		A December	
(Name)		(Address)	
(Name)		(Address)	
Mailing addre	ess for future corresponden	ice (annual report notices):	
		Falls, ID 83404	
(Mailing Add	ress)		
nature of organ	nizer(s).		
ted Name <sup>.</sup> R	rad J Backman	Sec	cretary of State use only
Tod Hame. D			
nature:			
-6			