

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRE LARY OF STATE
STATE OF IDAHO

1.	The name of the limited liability company is:		state o <b>f Ida</b> i
	-	Timberline Ventures I	LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 3060 Backhand Dr; Ammon, ID 83406		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Rodney Farnes	3060 Backhand	Dr; Ammon, ID 83406
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	<u>Address</u>	
	Rodney Farnes	3060 Backhand Dr; Ammon, ID 83406	
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		<del>_</del>	
5.	Mailing address for future corresp	ondence (annual	report notices):
Ο.	Mailing address for future correspondence (annual report notices):  3060 Backhand Dr; Ammon, ID 83406		
6.	Future effective date of filing (opti	ional):	
			-
Sig	nature of a manager, member	or authorized	
	son.		Courte of State
Ci-	- Lodge - To		Secretary of State use only
_	nature / Vanley Tone		
тур	ped Name: Rodney Farnes/	<del></del>	gradient state of the state of
Sig	nature		IDAHO SECRETARY OF STATE

01/11/2011 05:20 CK: 5241 CT: 254244 BH: 1254883 1 0 100.00 = 100.00 ORGAN LLC #

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Typed Name:

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