## FILED EFFECTIVE

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 08 SEP 29 PH 12: 34

(Instructions on back of application)

, SECRETARY OF STATE

. The name of the li	imited liability comp	pany is:	STATE OF IDA	HOLE
		Circle "N" LLC		
. The complete stree principal office:	et address, and ma	ailing address if differe	ent, of the initial des	ignated/
	P.O. Box 24			
The name of the co		ed agent; or the name tered agent:	e and complete stree	et
National Re	egistered Agents, Inc. 1	1423 Tyrell Lane Boise, ID	83706 County of Ada	
I. The name and add	iress of at least on	e member or manage	r of the limited liabil	ity
	ame	t.	Address	
Patrick C	C. Neal	P.O. Box 2483,	Hayden, Idaho 83835	
		*		
	· · · · · · · · · · · · · · · · · · ·			
5. Mailing address for	•	lence (annual report n		
	c/o: P.O. Box	2483, Hayden, Idaho 8383	35	
6. Future effective da	ite of filing (ontions	ıN٠		
. I diale ellective da	te or ming (optiona			
ignature of an organiz	zer(s). (An organizer i	is a member,		
is acting in behalf of a re			Constant of Chair and a st	· · · · · · · · · · · · · · · · · · ·
members).	•	DAG	Secretary of State use onl	у
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yped Name: Karmelia	a Fredrick, Assistant Se	ecretary		
		07/200	IDAHO SECRETA	RY OF STATE
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