

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability com	OEUR
LAVA BUNGER /RAM	D, LLC. STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated/principal office:	
(Street Address)	LAVA HOT SPENCES, ID. 83246
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
KETH CHECTON	(Street Address) St. Lyna /67 Sontures ID. 83246
4. The name and address of at least one member or manager of the limited liability company:	
Name	Address .
KETTN SHERZOW	10537 WOODWARD DR
	Live Nor Spaces, ID.
	83246
<u> </u>	
5. Mailing address for future correspondence (annual report notices):	
10537 WOODWAN DR. LAVA HOT SPRINGS, ID. 83246	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature	
Typed Name: KESTA SHEET DAN	
Signature	
Typed Name:	D7/CO/CRIT NOTHIN
	CK: 168 ET: 258230 BH: 1271251

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