

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

09 JUL 20 AM:8: 55

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited lia	• •
	Old Sun Valley Stone LLC
The complete street and m	nailing addresses of the initial designated/principal office:
(Ottor A Address)	101 S CAPITAL BLVD STE 500 BOISE ID 83702
(Street Address)	P O Box 162, Cascade, ID 836111
(Mailing Address, if different than stree	et address)
The name and complete str	reet address of the registered agent:
James D. Aldamaan	Fisher Pusch & Alderman LLP
James B. Alderman (Name)	101 S CAPITAL BLVD STE 500 BOISE ID 8370 (Street Address)
The name and address of a company:	at least one member or manager of the limited liability
<u>Name</u>	Address
E. Dale Eskridge	P O Box 162, Cascade, ID 836111
· · · · · · · · · · · · · · · · · · ·	
Mailing address for future o	correspondence (annual report notices):
	P O Box 162, Cascade, ID 836111
Future effective date of filing	g (optional):
nature of organizer(s). (An org	ganizer is a member, or is
ng in behalf of a member or memb	bers).  Secretary of State use only
nature	Page 1
	rman, Organizer    ON   Organizer   ON   Organizer   IDAHO SECRETARY OF STATE   OF   OF   OF   OF   OF   OF   OF   O
- AMIIIO	Second Se
	IDANO SECRETARY OF STAT
nature	98 <b>07/20/2009 05</b>

W85566