

## CERTIFICATE OF ORGANIZATION

	MITED LIABILI	TY COMI	PANY	09 JUL -2	AM 8=32
	(Instructions on back	k of applicatio	n)	SECRETARY	OF STATE
The name o	of the limited liability co	mpany is:		STATE OF	IDAHO
	Great Rift				
27			e initial desigi	nated/principal	office:
(Street Address (Mailing Addres	Fall 5 Id ss, if different than street address)	83301		<u></u>	
The name a	and complete street add	ress of the re	gistered agen	nt:	
Linda (Name)	DeBoard	2773 (Street Address	Paintbrus "	h Dr. Tw	intalle.Id
The name a company:	and address of at least o	one member o	or manager of	the limited lia	oility
Linda	De Board	2773 6	amtbrus	h Dr. Twin	Falls, IJ 87
<del></del>					
<del> </del>					
					·
Mailing add	ress for future correspo	ndence (annu	ual report notic	ces):	
2773	<b>1</b>	Twin E		. 83301	
Future effec	ctive date of filing (option	nal):		·	- 4
	anizer(s). (An organizer is a member or members).	a member, or is		· · · · · · · · · · · · · · · · · · ·	
nature £	inda De Boars	U	C.PMD	ecretary of State use	only
<i>-</i> ,	Linda DeBoar	<u>d</u>	korpitomet.L.C. formskart_org_lc.PMD Revised 07/2008		<del>.</del>
			ed 07/200	IDANO SEC	ETARY OF STATE
ped Name: _	<del></del>		Revis	07/02/2 CK: 6849 CT: 1 1 9 100.00 =	2009 05 209 38491 M: 117727 186.88 ORBAN LLC

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