

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 25 AM 8: 33

1.	The name of the limited liability compa	any is:	(SECRE BY OF STAT	E
	AVALANCHE COR	ISTruc	TION	STATE OF IDAHO	
2	The complete street and mailing addre	sses of the	initial desig	nated/principal offic	ce:
	2153 Haw Cr	100 V	0,5	Emmet II	S 82/017
•	(Street Address)	LUU	<u> </u>	Offiner-	
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	late Atravalan	الد دعر	a Cca	ale Pic grame	CH. ID
	John Strauchon (Name)	Street Address)	ano cre	ele eli, eli	21017
	(raine)	Ollock Madicooly		0	2011
4.	4. The name and address of at least one member or manager of the limited liability company:				
	Name		Ado	ress	
		7152 Hai		er, 2mmett =	ED 83617
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5.	Mailing address for future correspondence (annual report notices):				
	2153 Haw Creek Cir Emmett ID 83617				
	ars nawcreecar,	ZYIWINE	<u> </u>	<u> </u>	
6. Future effective date of filing (optional):					
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	nature of a manager, member or au	utnorizea			
per	son.	[Secretary of State use only	
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Typ	ped Name: Michell Lambique			<i>'</i>	
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